## Nomination of EFT details for refunds form



SECTION 1 — Employer details

### -Contributing employer

#### **Employer use only**

Use this form to nominate the financial institution details to receive money that UniSuper is required to refund to your organisation in future.

Please note that all sections must be completed in order to process this form.

# Nominating financial institution details to receive refunds to your organisation

This form should only be used for nominating where your organisation wishes to receive refunds from UniSuper. It cannot be used to change the bank account you've previously nominated for other purposes.

The financial institution details you nominate on this form will be used for all refunds paid to your organisation, except for refunds paid for contributions submitted via SuperStream compliant electronic messages, from the date UniSuper receives your correctly completed form. The financial institution details will continue to apply unless you advise otherwise by submitting a new form.

It is important to note that UniSuper can only accept a nomination that has been made by a signatory to your organisation. This signatory must be the head of the company.

#### Supporting documentation

UniSuper cannot accept a nomination without supporting documentation. You must provide a copy of a bank statement to confirm your business' banking details. The statement must show:

- ·· > Financial institution
- ··· Account name
- → BSB number
- ·· > Account number.

#### **Further information**

If you need further information or help to complete this form, call the UniSuper Helpline on 1800 331 685, or email enquiry@unisuper.com.au.

Section 1 — Employer details												
Please use BLACK or BLUE BALL POINT PEN and print in CAPITAL LETTERS. Cross where required X Please note all fields are mandatory.												
Employer name												
Employer ABN												
Contact name												
Physical address number and street (not PO Box)												
Suburb/Town												
g, ,												
State Postcode Country (if not Australia)												
Country (t) not Australia)												
Postal address number and street (or PO Box if applicable)												
Suburb/Town												
Suburb/ Town												
State Postcode												
Country (if not Australia)												
Contact number (during business hours)												
Email address (this will be used for confirmation emails each time a refund is sent via EFT)												
@												
UniSuper Employer ID												





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SECTI	ON 2	<u> </u>	inan	cial	instit	ution	deta	ils				
Financial institution name												
Name in which the account is held												
BSBn	umbe	er										
		-										
Accou	nt nu	mbe	er									
UniSupe details a			respons	sibility	for refu	ınds ma	de to tl	nis ac	count	if the	accou	nt
SECTIO	ON 3 -	— F	lead	of co	ompa	ny de	tails					
Title	Mr		Mrs		Ms	D	r	Pı	ofes	sor		
Other												
Surnai	ne											
G!												
Given	name											
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Phone												
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Email address (this will be used to confirm that your default payment details have been updated)												

#### SECTION 4 — Employer declaration



This section must be completed by the head of the company named in section 3 of this form. Please read this declaration before you sign and date your form.

On behalf of the organisation named in section 1 of this form, by signing below I declare/acknowledge that:

- · I am authorised to provide the information on this form on behalf of the organisation named in section 1.
- The information provided on this application form is true and correct.
- The financial institution details nominated in section 2 of this form will be used for all refunds paid to the organisation. The financial institution details will continue to apply unless UniSuper receives a new Nomination of refund EFT details form. This form will not alter the accounts to which UniSuper makes payments for other purposes (i.e. other than refunds).
- I authorise UniSuper to send a confirmation email to the email address of the signatory to this form.

Name														
Signature														
Date (DDMMYYYY)														



#### **RETURN YOUR COMPLETED AND SIGNED FORM TO:**