

Refund of contributions



Use this form if you have made contributions in error for a member and wish to have these contributions refunded.

- If you have multiple instances in which contributions have been made in error to more than one employee please contact Employer Services on **1300 878 737**.
- The overpaid contributions will be refunded to your nominated bank account that we have on record.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online on our website and email it to us.

i * Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

Step 1: Employer details

Employer name

Employer code*

Employer ABN*

Employer contact name

Daytime contact number

i Please complete a separate form for each member.

Step 2: Contribution details

Account number

Last name

Contribution period ended	SG amount (\$)	Member voluntary amount (\$)	Salary sacrifice amount (\$)	TOTAL (\$)	Error code (see below)

List of error codes:

- A** The contribution was paid on behalf of the wrong employee.
- B** The contribution was paid to the wrong fund.
- C** The contribution was overpaid.
- D** Other – please provide details below:

Step 3: Read our privacy information

The personal information provided on this form is collected and held by Aware Super, in accordance with the Australian Privacy Principles of the *Privacy Act 1988* (Cth), for the purpose of administering accounts, assessing claims and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 650 873** or visit to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

Step 4: Employer declaration

I declare that:

- I am an authorised representative of the employer and I have the capacity and authority to request this refund and to sign this declaration on the employer's behalf.
- I hereby acknowledge and agree that where the value of unit prices have decreased during the period between the payment and the claim, the amount refunded may be less than the contributed amount.
- I acknowledge and agree the employer is fully accountable to the Trustee for any matters arising out of the claim. I agree the employer shall indemnify the Trustee against all costs, expenses and any other sums incurred arising out of the payment or administration of this claim, or where a refund is found to have been paid improperly, or is disputed by a member, regardless of whether or not the member's right to the contribution is established.
- I have read and understood the Aware Super privacy policy.



We may contact you to verify your authority.

I, Authorised Representative

on behalf of (Employer Name)



Please sign and date form here.

Signature

Date (DD-MM-YYYY)

D	D	M	M	Y	Y	Y	Y
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Post the form to this address.

Step 6: Where to post your completed form

Please post the completed form to:

Aware Super
GPO Box 89
MELBOURNE VIC 3001

In case you need any further assistance, please contact our Member Support Team on **1300 650 873**.