Payroll deduction authority

VALID FROM 1 NOVEMBER 2009

media super

An Industry SuperFund

Please complete this form in BLACK PEN and CAPITAL LETTERS. Your Member No.

RETURN THIS FORM TO YOUR EMPLOYER.

Please complete this form if you want your employer to deduct money directly from your wages for your voluntary (after-tax) contributions. Please note your employer may require you to complete their own form.

Section 1: Personal details

Mr/Mrs/Ms/Miss/Dr

Date of birth (DD/MM/YYYY)

Surname

Given names

Address

State Postcode

Telephone (home)

Telephone (work)

Mobile number

Email address

Section 2: Employer details

Company name

Employer's address

State Postcode

Contact person's surname

Contact person's given names

Contact person's telephone

Section 3: Authorisation

Please sign and date this form and return it to your employer.

I wish to make regular voluntary (after-tax) contributions to Media Super, and I understand that I am eligible to contribute by authorising deductions to be made from my pay, starting on:

Please deduct the following amount from my salary/wages each pay period, and pay to Media Super:

$

I agree this authority shall remain in force until cancelled in writing by me.

Applicant's signature

X

Date (DD/MM/YYYY)

Issued by the Trustee of Media Super, Media Super Limited, ABN 30 059 502 948, AFSL 230254

RETURN THIS FORM TO YOUR EMPLOYER.
DO NOT send this form to Media Super.

MSUP 30295