

Employer Contribution Advice Form



▶ Complete this form to provide your employer contribution advice to LUCRF Super

Please complete all relevant sections using CAPITAL LETTERS and a BLACK or BLUE pen.

Step 1 Employer details

LUCRF Super employer code Employer name

Employer contact

First name/s Surname

Position/Title
 Phone number Email address

Please read our *Personal Information Collection Statement* at lucrf.com.au/privacy

Step 2 Contribution details

Contribution period Start date / / End date / /

Employee details If new employee and not currently a member of LUCRF Super, please provide new employee details on the back of this form

Member number	First name	Surname	New employee and not currently a member of LUCRF Super (tick if yes)	Termination date (if applicable)	Employer SG (\$)	Member Contribution (\$)	Salary sacrifice (\$)	Total (\$)
TOTAL								



305.4

Issued March 2015 by L.U.C.R.F Pty Ltd ABN 18 005 502 090 AFSL 258481 as Trustee for Labour Union Co-operative Retirement Fund ABN 26 382 680 883 (LUCRF Super).

Step 3 Payment details

<input type="checkbox"/> EFT	<input type="checkbox"/> Bpay	<input type="checkbox"/> Other (please specify) <input type="text"/>
Date of payment <input type="text"/> / <input type="text"/> / <input type="text"/>	Amount of payment \$ <input type="text"/>	

Step 4 New employee details (if applicable)

Please provide details of new employees who are not currently LUCRF Super members and you will be making superannuation contributions for. These employees will be included as LUCRF Super members and issued a welcome letter providing membership details.

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please specify) <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
First name/s <input type="text"/>					Surname <input type="text"/>

Residential/Street address (compulsory)

Unit/Street number <input type="text"/>	Street name <input type="text"/>
Suburb/City/Town <input type="text"/>	State/Territory Postcode <input type="text"/>

Postal address – if different to residential

Unit/Street/PO Box number <input type="text"/>	Street name <input type="text"/>
Suburb/City/Town <input type="text"/>	State/Territory Postcode <input type="text"/>

Contact details

Phone number <input type="text"/>	Email <input type="text"/>	
Mobile <input type="text"/>		
Date of payment <input type="text"/> / <input type="text"/> / <input type="text"/>	Date joined employer <input type="text"/> / <input type="text"/> / <input type="text"/>	Tax File Number <input type="text"/>

Step 4 New employee details (if applicable) continued

Please provide details of new employees who are not currently LUCRF Super members and you will be making superannuation contributions for. These employees will be included as LUCRF Super members and issued a welcome letter providing membership details.

Mr Mrs Miss Ms Other (please specify) Date of birth / /

First name/s Surname

Residential/Street address (compulsory)

Unit/Street number Street name

Suburb/City/Town State/Territory Postcode

Postal address - if different to residential

Unit/Street/PO Box number Street name

Suburb/City/Town State/Territory Postcode

Contact details

Phone number Email

Mobile

Date of payment / / Date joined employer / / Tax File Number

Step 4 New employee details (if applicable) continued

Please provide details of new employees who are not currently LUCRF Super members and you will be making superannuation contributions for. These employees will be included as LUCRF Super members and issued a welcome letter providing membership details.

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of birth	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First name/s												Surname												
<input type="text"/>												<input type="text"/>												
Residential/Street address (compulsory)																								
Unit/Street number												Street name												
<input type="text"/>												<input type="text"/>												
Suburb/City/Town												State/Territory						Postcode						
<input type="text"/>												<input type="text"/>						<input type="text"/>						
Postal address - if different to residential																								
Unit/Street/PO Box number												Street name												
<input type="text"/>												<input type="text"/>												
Suburb/City/Town												State/Territory						Postcode						
<input type="text"/>												<input type="text"/>						<input type="text"/>						
Contact details																								
Phone number												Email												
<input type="text"/>												<input type="text"/>												
Mobile																								
<input type="text"/>																								
Date of payment								Date joined employer								Tax File Number								
<input type="text"/>								<input type="text"/>								<input type="text"/>								

Checklist

Before you send the form to us, make sure you have:

- Completed all relevant sections
- Provided details of new employees (if applicable).

Send this form to:

LUCRF Super
PO Box 211 North Melbourne VIC 3051
F 03 9326 6907
E mypartner@lucrf.com.au

If you need any help completing this form, please call us on **1300 130 780** or email mypartner@lucrf.com.au