

Request for refund or reclassification of contribution

Complete this form to request:

- a refund of a contribution made to TelstraSuper, or
- a reclassification of a contribution made to TelstraSuper.

RED SECTIONS FOR YOUR INFORMATION

GREY SECTIONS TO FILL OUT

Before you start

Read this Important Information before you complete this form:

- All refund or reclassification requests will be assessed by TelstraSuper on the facts and circumstances of the case and the supporting documentary evidence provided with the request.
- Under superannuation law, TelstraSuper is only permitted to refund or reclassify a contribution if satisfied that a mistake caused the contribution to be made or to be incorrectly classified.
- TelstraSuper is not permitted to refund or reclassify contributions in certain circumstances. It is the responsibility of the requesting party to satisfy TelstraSuper that the mistake caused the contribution to be made or to be incorrectly classified.
- If you're signing this form on behalf of another person, you will need to complete and attach an **Authorised Third Party Representative Identification** form available at telstrasuper.com.au/forms and include any certified documents as required

You **MUST** complete sections **5, 6 and 7**. In addition, if you are:

- a **TelstraSuper member** complete **section 1**
- an **employer** complete **sections 2 and 4**
- a **clearing house** complete **sections 3 and 4**

1. Member details currently held by TelstraSuper (TelstraSuper members only to complete)

Title	Mr	Mrs	Miss	Ms	Other		
Surname*					Member number*		
Given name(s)*					Date of birth*		
Residential address*							
Suburb*				State*		Postcode*	
Mobile/contact no.*				Email*			

MEMBERS ONLY



* Mandatory fields

Note: We'll be unable to process this form if your contact or personal details are different to the details we currently hold for you. To check and/or update your details before you submit this form you can:

- log into your SuperOnline account, or
- call us on **1300 033 166**, or
- complete a **Change of contact details** form to update your contact details or a **Change of member details** form to update your personal details available at telstrasuper.com.au/forms and submit it with this form.



Before you act

You may wish to consult an adviser before you make any decisions relating to your financial affairs. To speak with an adviser from TelstraSuper Financial Planning call **1300 033 166**.

2. Employer details (Employers only to complete)

EMPLOYERS
ONLY

Employer Name	ABN
Business address	
Mobile	Business phone no.
Email address	

3. Clearing House details (Clearing houses only to complete)

CLEARING
HOUSES
ONLY

Clearing House Name	ABN
Business address	
Mobile	Business phone no.
Email address	

4. Details of member (Employers and clearing houses only to complete)

ABOUT
THE
MEMBER

Member name	
Member number	Member date of birth

5. Contribution details to be refunded or reclassified (ALL to complete)

REQUEST
DETAILS

Provide the following information for **each** contribution you would like refunded or reclassified:
Contribution types: SG employer, salary sacrifice (pre-tax), member (post-tax) or member (personal deductible).

Date(s) contribution made	Contribution amount	Contribution type (see above)

If additional lines are required, please detail on a separate sheet of paper and attach to this form.

6. Reason for refund or reclassification request (ALL to complete)

Provide a detailed explanation of the reason why the contribution was made by mistake or was incorrectly classified. Please attach documentary evidence in support of your request.

WHY?

7. Your declaration and signature

In completing this form, I declare that:

- all the information provided on this form is true and correct
- I have the authority to request a refund or reclassification of the contribution(s) set out in section 5 (applicable to employers and clearing houses only)
- I have provided documentary evidence in support of the request for a refund or reclassification of the contribution(s)
- I acknowledge that TelstraSuper is only permitted to refund or reclassify a contribution if permitted under superannuation law and if it is satisfied that a mistake caused the contribution to be made or to be incorrectly classified.

Each person who signs this form as a guardian, administrator or attorney for the applicant named in this form represents and warrants by signing this form that he or she has been lawfully appointed as guardian, administrator or attorney (as the case may be) for the applicant and that appointment remains valid and current at the date hereof and has not been revoked.

Name

Employer or clearing house name (if applicable)

Signature

X

Date

State capacity (if applicable):

Guardian

Administrator

Attorney

SIGN



Please return completed form to TelstraSuper:

Telstra Super Pty Ltd, PO Box 14309, MELBOURNE VIC 8001 or email to contact@telstrasuper.com.au

Instructions for completing this form

Before sending this form to TelstraSuper, please check that you have:

- read and complete the relevant sections in their entirety
- provided a detailed explanation why the contribution was made by mistake or was incorrectly classified
- attached documentary evidence in support of your request

Telstra Super Pty Ltd, ABN 86 007 422 522, AFSL 236709, is the trustee of the Telstra Superannuation Scheme ABN 85 502 108 833 (TelstraSuper).
Telephone 1300 033 166 Website telstrasuper.com.au

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