

Nomination of EFT details for refunds form—Contributing employer



HOW TO USE THIS FORM—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 YOUR FINANCIAL INSTITUTION

This form should only be used for nominating where your organisation wishes to receive refunds from us. It can't 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. This excludes refunds paid for contributions submitted via SuperStream compliant electronic messages from the date we receive your correctly completed form. The financial institution details will continue to apply unless you advise otherwise by submitting a new form.

It's important to note that we can only accept a nomination that's been made by a signatory to your organisation. This signatory must be authorised to sign this form on behalf of the contributing employer.

Supporting documentation

We can't 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.

SECTION 1 EMPLOYER DETAILS

- ▶ Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.
- ▶ Please note all fields are mandatory.

Employer name		
Employer ABN		
Contact name		
Physical address (not PO Box)		
Suburb/Town		
State	Postcode	
Country (if not Australia)		
Postal address (PO Box if applicable)		
Suburb/Town		
State	Postcode	
Country (if not Australia)		
Daytime contact number		
Email address		
(This will be used for confirmation emails each time a refund is sent via EFT.)		
UniSuper Employer ID		



SECTION 2 FINANCIAL INSTITUTION DETAILS

Financial institution name

Name in which account is held

BSB number (must have six digits)

Account number

UniSuper accepts no responsibility for refunds made to this account if the account details are incorrect.

SECTION 3 AUTHORISED SIGNATORY DETAILS

Title Mr Mrs Ms Dr Professor Other

Surname

Given name

Daytime contact number

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

DD MM YYYY

Returning your form

Return your form and bank statement:

UniSuper
Level 1, 385 Bourke Street
Melbourne Vic 3000

or email to adminservices@unisuper.com.au

Further information

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