

Additional Superannuation

Title Mr Mrs Miss Ms Dr Other

First Name _____ Surname _____

Paywise Account Number _____ Contact Number _____

Email Address _____ *Tax File Number _____

*Mandatory information

To promptly process your request, please provide a copy of your Superannuation Compliance Statement to confirm your fund details.
Paywise will not process your request without the required statement

Deduction Amount \$ _____ Commencement date _____

SUPERANNUATION FUND

*Fund name _____ *Fund member number _____

ABN _____

*Unique Superannuation Identifier (USI) _____

SELF MANAGED SUPER FUND (SMSF)

*Fund name _____ Fund member number _____

*Electronic Service Address (ESA) _____ *ABN _____

BANK DETAILS

*Account name _____ *BSB _____

*Acct _____

I declare I have provided the relevant information and a copy of my superannuation statement and instruct Paywise to commence pre-tax payments to my fund.

Signature _____ Date _____

Contact us using the following details:

CALL US ON:
1800 PAYWISE (729 947)

EMAIL US AT:
newmembers@paywise.com.au

FIND OUT MORE AT:
www.paywise.com.au

FAX US ON:
1300 737 285

POST US AT:
ATTN: Paywise Reimbursements
Paywise PO Box 5639 Perth WA 6831