

# 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:  
1300 132 532

EMAIL US AT:  
newmembers@paywise.com.au

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

POST US AT:  
PO Box 5639 Perth WA 6831