

## Payment of contributions or surcharge debt by Electronic Funds Transfer (EFT)

Please print clearly in black ink.

### Use this form to ...

- ▶ make after-tax (non-concessional) contributions to your SSS account while on leave without pay (LWOP)
- ▶ pay contribution arrears (SSS)
- ▶ pay outstanding contributions (SSS)
- ▶ pay a surcharge debt (SSS, SSS DB, SASS, SASS DB, PSS or PSS DB).

Please use a black pen and print clearly in CAPITAL letters. Insert (x) when you have to choose an option. You can also fill in this form online, print and sign it and send it to us via email or post.

### Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Mercer Administration Services (Australia) Pty Ltd, in accordance with STC's Privacy Statement, the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (NSW)*, under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies and third parties.

For further information about privacy, contact Mercer by writing to:

GPO Box 2181  
MELBOURNE VIC 3001

or visit

[www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au)

ABN 29 239 066 746  
SPIN SAS0101AU

#### 1. Your details

Member number

         

Scheme (SASS, PSS or SSS)

   

Mr/Mrs/Ms/Miss/Dr

    

Male

Female

Birth date (DD-MM-YYYY)

  -   -    

Given name(s)

                   

Family name

                   

Residential address

                   

Suburb

                   

State/Territory

  

Postcode

     

Postal address (if different from residential address)

                   

Suburb

                   

State/Territory

  

Postcode

     

Work or Home

 

Daytime contact telephone number

                   

Mobile number

                   

Email address

                   
                   

#### If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on [DB 1300 130 094](tel:1300130094) or [SASS 1300 130 095](tel:1300130095) or [SSS 1300 130 096](tel:1300130096) or [PSS 1300 130 097](tel:1300130097) or email [enquiries@stc.nsw.gov.au](mailto:enquiries@stc.nsw.gov.au)

## 2. Payment details

### Payment Type

☐ **Personal after-tax contribution** while on LWOP (SSS)

\$

Period of leave starts (DD-MM-YYYY)

-   -

Period of leave ends (DD-MM-YYYY)

-   -

☐ Contribution arrears (SSS)

\$

☐ Outstanding contributions (SSS)

\$

☐ Surcharge debt (SSS, SSS DB, SASS, SASS DB, PSS or PSS DB)

\$

## 3. Payment by EFT

Please transfer your payment to the State Super Account detailed below. Your member number should be included as the payment lodgment reference. Provide the date and your account details below to help us identify your payment.

Date of deposit (DD-MM-YYYY)

-   -

Name of account holder

BSB number

Account number

Name of bank/building society/credit union

Branch

### Payment lodgement reference details

Please use your member number as the payment lodgement reference.

### State Super account details

Account name

S A S T R U S T E E C O R P O R A T I O N

BSB number

0 6 2 0 0 0

Account number

1 0 2 2 6 1 8 1

**NOTE:** This is NOT a direct debit form. We use the bank details shown here to identify your payment.

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## 5. Member signature

I have read and understood the **State Super** privacy policy.

Signature

Date (DD-MM-YYYY)

  -   -    

Please sign and date form here

### What to do with this form (select one of the following options)

- Email the form to [stc\\_cru@mercerc.com](mailto:stc_cru@mercerc.com); or
- Post the form to State Super, GPO Box 2181, MELBOURNE VIC 3001

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