

Payment of contributions by cheque or 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
- pay a surcharge debt
- pay outstanding contributions.

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

ABN 29 239 066 746 SPIN SAS0101AU

1. Your details
Member number
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)
1 ostal address (il dilicient il om 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 1300 130 096 or email enquiries@stc.nsw.gov.au

	2. Payment details
	Payment Type
	Personal after-tax contribution while on LWOP
	\$ De indefine a state (DD MM) 2000
	Period of leave starts (DD-MM-YYYY) Period of leave ends (DD-MM-YYYY)
	Contribution arrears
	\$
	Surcharge debt
	\$
	Outstanding contributions
	\$
	3. Payment by EFT
	If you are paying 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)
	News of account health
	Name of account holder
	BSB number Account number
	BSB number Account number
NOTE: This is NOT a direct debit form. We use the bank details shown here to identify your payment.	Name of bank/building society/credit union
	Branch
	Dialicii
	Payment lodgement reference details
	Please use your member number as the payment lodgement reference.
	State Super Account details
	BSB number Account number
	0 6 2 0 0 0 1 0 2 2 6 1 8 1
	4. Payment by cheque
	If you are paying by cheque, please attach your cheque to this Form. Cheques should be made payable to State Super .
	Please note: It is preferred that your contributions be paid via Electronic Funds Transfer. If you elect to pay your contributions by cheque, there will be a delay of up to 10 business days for processing and allocation of the funds to your SSS account.

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