



Employer Contribution Form

Employer Name

ABN

Employer No.

Employer Address

State

Postcode

Contact Name

Phone Number

Payment Period

Membership No.

Member Name

Termination Date

Employer SG

Salary Sacrifice

Member Voluntary

Employer Extra

Payment Details:

Subtotals

Cheque:

Please make all cheques payable to:

The Trust Company (Superannuation) Ltd
ATF AMG Universal Super

Direct Deposit:

We made a direct deposit to the fund account held at Bank of Queensland (BSB 124-001 A/C 11-010139)

Date Paid

Amount Paid

Page Total

Grand Total

Please allow up to four days for the funds to be received. You may have not met your SG obligation until the funds have been received.

Please send to: AMG Universal Super
GPO Box 330
Brisbane QLD 4001

Phone: 07 3210 6733
Fax: 07 3228 2633

Email: info@amgsuper.com.au
Web: www.amgsuper.com.au

New Member Details



Member Name	Salutation	Employment Status: Fulltime / Partime/ Casual	Date Joined Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Address	State	Postcode	Tax File Number (TFN)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Date or Birth	Sex	Hours worked per week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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