



# Employer request for refund or adjustment of contribution

Use this form to request a refund or reclassification of a super payment you've made to an employee's Mine Super account.

Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

**1. Your details**

Company name

Company contact

Company address

Suburb  State  Postcode

Preferred email  Phone number

Employer ID

**2. Employee whose super account this payment was allocated to**

Given names

Surname

Date of birth (DD-MM-YYYY)

Member number

**3. Payment details**

Date you made the payment (DD-MM-YYYY)

Payroll period (DD-MM-YYYY)  to

Payment amount \$  Payment type/s (ie employer super guarantee payment, salary sacrifice payment, voluntary contribution)

Turn over to finish filling out this form...



## 4. What do you want us to do with this payment

### Refund the payment

(please supply the employer's bank account details for us to refund the payment)

Reason for refund

Bank account name

BSB Number

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Account number

or

### Reclassify the payment on the employee's super account to the following:

Super guarantee contribution

\$

Salary sacrifice contribution

\$

After tax contribution

\$

## 5. Declarations

### Employee's declaration that they agree to Mine Super actioning this request

I consent to the above adjustment being made to my account.

Employee name

Employee's signature

Date (DD-MM-YYYY)

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### Employer's declaration that they agree to Mine Super actioning this request

I agree that the payment outlined above was paid in error and request Mine Super to make the above changes.

Company contact name

Company contact signature

Date (DD-MM-YYYY)

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When complete return this form to us by:

**Post** Mine Super  
Locked Bag 2020 Newcastle NSW 2300  
**Fax** 02 4962 3469  
**Email** help@mine.com.au