



Employer request for refund or reclassification 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		ABN
Company name	<input type="text"/>
Company contact	<input type="text"/>	
Preferred email	<input type="text"/>	Phone number
	<input type="text"/>	<input type="text"/>

2. Employer payment details	
Date you made the payment (DD-MM-YYYY)	
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Payroll period (DD-MM-YYYY)	
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Total contribution amount paid by you	Payment Reference Number (PRN)
\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/>

3. Employee whose super account this payment was allocated to		Member number
Given names	<input type="text"/>
Surname	<input type="text"/>	
Date of birth (DD-MM-YYYY)		
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Turn over to finish filling out this form...



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

Choose either one of two options: **a.** Refund the employee payment **b.** Reclassify the employee payment

a. Refund the payment

Reason for refund

Employer bank account name

Employer BSB number

 -

Employer account number

Employee contribution refund type

Please select all contribution types to be refunded in the section below.

Please note: We're unable to process partial refunds. If you're requesting a refund for an employee, the full amount will be refunded by contribution type listed below (for this employee only). If you need to pay a different amount for this employee, you'll need to make a new contribution.

Super guarantee Salary sacrifice Voluntary contribution Other (please specify)

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

Existing contribution type:

Super guarantee Salary sacrifice After-tax

Required contribution type:

Super guarantee Salary sacrifice After-tax

Whilst the Trustee would usually refund the amount you paid, we reserve the right to pay you a reduced amount if the Fund has suffered a loss as a result of the refund.

5. Declarations

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

I have no objection to the above adjustment being made to my Mine Super account.

Employee name

Employee's signature

Date (DD-MM-YYYY)

 - -

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)

 - - 

When complete return this form to us by:

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