

AET Super Solutions Employer payment form

Use this form to request that your employer pay all future Superannuation Guarantee contributions to your self-managed superannuation fund.

Fund name

Fund ABN

 - - -

Title

Surname

Given name(s)

Section 1: Employee's details

Your employer's name

Employee's surname

Employee's given names

Address

Suburb

State

Postcode

Section 2: Payment details for Superannuation Guarantee contributions

Account name

Name of financial institution where account is held

Branch name

Branch (BSB) number

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Account number

AET Super Solutions Employer payment form

Section 4: Member declaration and signature

A letter of compliance is attached to this request. If you require any further information please contact me.

Member's signature

Date

/ /

Please return to AET Super Solutions by:

Fax 1800 457 967
Email info@aetsupersolutions.com.au
or Post AET Super Solutions
 GPO Box 2591
 Adelaide SA 5001

AET Super Solutions Letter of compliance

Fund name

Fund ABN

 - - -

Title

Surname

Given name(s)

Dear Sir/Madam

The Trustees confirm that the above fund has made an election to the Australian Taxation Office (ATO) to become a regulated self-managed superannuation fund.

As Trustees of the above Fund we certify that:

1. The Trust Deed governing the Fund complies with the requirements of the Superannuation Industry (Supervision) (SIS) Act 1993 and SIS Regulations.
2. The Trust Deed allows benefits to be transferred to the Fund.
3. The Fund complies with the preservation requirements set out in SIS.

Yours faithfully

Trustee's name

Trustee's signature

Date

 / /

Trustee's name

Trustee's signature

Date

 / /