

THE TRANSPORT INDUSTRY  
SUPERANNUATION FUND

CONTRIBUTION REMITTANCE



REMITTANCE FORM FOR CONTRIBUTIONS \_\_\_/\_\_\_/20\_\_ TO \_\_\_/\_\_\_/20\_\_

Member		Membership Number	Employer Compulsary	Salary Sacrifice	Employer Extra	Employee (after Tax Contribution)	Termination Date	Employee Start Date (For New Employees)	Employed over 15 hours per week*
Surname	First Name								
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N
							/ /	/ /	Y/N

**Our Bank Details:** The Transport Industry Superannuation Fund -ANZ Bank Paddington QLD - BSB: 014 256 A/C No: 4983 43608

**Please send completed form with your payment to PO Box 2093 Milton QLD 4064 or Fax to 07 3391 6177 or e-mail info@tisfund.com.au**

Office Use Only							
Bank:	Amount:	Cheque No:		Deposit Date:		Process Date:	

\* Members who work an average of less than 15 hours per week in any 13-week period are covered for death only under the Group Life Insurance Plan.

**OVER PAGE - NEW EMPLOYEES, OR CHANGE OF ADDRESS (Please Complete)**

**THE TRANSPORT INDUSTRY  
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**NEW EMPLOYEES & CHANGE OF ADDRESS**

**NEW EMPLOYEE**

<u>Member</u>		Date of Birth	Start Date	Tax File Number	Application Form Attached (Yes/ No)	Member No. (If existing)	Address
Surname	Full names						

*It is important that The T.I.S. Fund is advised when each employee joins or leaves your employment so that their protection premium payments can commence or end.*

**CHANGE OF ADDRESS**

<u>Member</u>		Membership Number	New Address
Surname	Initials		