

CONTRIBUTION NOTIFICATION FORM

NB: This advice does not reduce the necessity to provide source documents for audit purposes.

Person Notifying:

Contact Phone No:

Fund Name:

Contributions: Please allocate the contribution amongst the fund members & to the correct category.

Member's Name:

Date of Contribution:

Member Concessional Contribution:

Member Non Concessional Contribution:

Member CGT Small Business Contribution:

Member Personal Injury Proceeds Cont:

Contribution from Member's Spouse:

Contribution for Child Member:

Government Co-contribution:

ATO SGC Shortfall Amount:

First Home Owners Scheme Cont:

Employer SG Contribution:

Employer Salary Sacrifice Contribution:

Employer Other Contribution:

Other type of Contribution:

If the contribution is a cash contribution & forms part of a larger deposit to the Fund's bank account please advise the total deposit amount for ease of identification:

Total Deposit Amount:

If the contribution is by way of 'in-specie' transfer of an asset to the Fund, you must also complete and include with this form a 'Transaction Notification Form'.

ON COMPLETION PLEASE FAX OR SCAN & EMAIL TO
TRANZACT SUPER contact@tranzacttotalsuper.com.au
FAX: 07 3211 1455 TS Cont Form 1009