Integra Super

Contributions Remittance Advice





> INVESTMENT > INSURANCE

ING MasterFund ABN 53 789 980 697 RSE R1001525 ING Custodians Pty Limited ABN 12 008 508 496 AFSL 238346 RSE L0000673 347 Kent Street, Sydney NSW 2000

Instructions

- This form can be used to make your initial contribution. All other payments should be made using EasyTransact.
- You must also complete the New Member Details Form for all new employees or provide this electronically.

 Please ensure that you co 	omplete all member deta	ils and applicable corres	ponding contribu	ution amounts i	f remitting contrib	outions manually
This form may be photoco	opied for further conti	ributions.				
Employer name Plan number For the period		Group to D D M M	number Y Y Y		Page	of
Integra member number	Mem Surname	ber Given names	Super Guarantee (Compulsory employer contributions) \$	Employer (additional employer contributions)	Salary Sacrifice (Before income tax)	Member (Voluntary membe contributions – after income tax)
		Totals				
			_			
					l (cheque total)	
Please ensure that the cheque Please forward payment to:		ontribution total. All che	eques should be i	made payable to	'ING Life Limited	l – Integra Supei
Integra Super ING Life Limited GPO Box 5306, Sydney NSW Fax 02 9234 6668	V 2001					
Authorised officer's name						
Authorised officer's signatur	re			Date		
Authorised officer's contact	number					