Medical & Associated Professions Superannuation Fund

Contribution Remittance Advice

If you are an employer, please complete sections 1 and 2 and sign the form. In addition, complete sections 3 and 4 if relevant.
If you are a member of the MAP Superannuation Fund, please complete section 2 only and sign the form. Please complete this form using BLOCK LETTERS and a BLACK or BLUE pen. The MAP Superannuation Fund offers you the convenience of BPAY®. To take advantage of this facility, contact MAP Customer Service for details. ® Registered to BPAY Pty Ltd ABN 69 079 137 518

SG CONTRIBUTION DUE DATES#

SG Quarter	Due Date
1 Jul - 30 Sept	28 Oct
1 Oct - 31 Dec	28 Jan
1 Jan - 31 Mar	28 Apr
1 Apr - 30 Jun	28 Jul

1 EMPLOYER DETAILS (IF APPLICABLE)

Name of Employer

Employer Code

Period Ending (DD-MM-YYYY)

2 CONTRIBUTION PAYMENT INFORMATION

Member Number	Member Surname	Member Given Name(s)	Member Contribution*	Employer Salary Sacrifice	Employer Voluntary	Employer Award/SG	Total
					TOTAL		

*MAP Superannuation Fund cannot accept member contributions unless the member has quoted their TFN.

#**Note:** Late payments of SG contributions can be offset against your superannuation guarantee charge provided they are received by the fund no later than 28 days following the due date for the SG quarter and you make an election to the ATO that the contributions be offset. Late payments do not relieve you of your obligation to pay the superannuation guarantee charge or to lodge a superannuation guarantee statement with the ATO.

Contribution Remittance Advice continued

3 NEW MEMBERS All fields MUST be completed

1. Title	Member Surname	Member Given Name(s)	Date of Birth	Current Residential Address	Date Commenced Employment

Tax File Number	Current Salary $	Occupation	Permanent/Casual	If casual, amt of hrs worked p/w	At Work (Y/N)	If N, reason not at work on commencing employment

2. Title	Member Surname	Member Given Name(s)	Date of Birth	Current Residential Address	Date Commenced Employment

Tax File Number	Current Salary $	Occupation	Permanent/Casual	If casual, amt of hrs worked p/w	At Work (Y/N)	If N, reason not at work on commencing employment

3. Title	Member Surname	Member Given Name(s)	Date of Birth	Current Residential Address	Date Commenced Employment

Tax File Number	Current Salary $	Occupation	Permanent/Casual	If casual, amt of hrs worked p/w	At Work (Y/N)	If N, reason not at work on commencing employment

4 CEASED MEMBERS All fields MUST be completed

Title	Member Surname	Member Given Name(s)	Date of Birth	Current Residential Address	Date Ceased Employment	Have all contributions been Paid? Y/N	If N, When?

Member or Authorised Officer (Full Name)

Signature of Member or Authorised Officer

Date (DD-MM-YYYY)

Contact Number

Please make cheque payable to Cogent Nominees Pty Ltd ACF The MAP Superannuation Fund

Forward all correspondence and queries to Medical & Associated Professions Superannuation Fund, GPO Box 529, Hobart TAS 7001

MAP Customer Service 1800 009 921 Facsimile (03) 6215 5933 Website www.mapsuper.com.au