

# REMITTANCE ADVICE FORM FOR A PERSONAL CONTRIBUTION TO COMBINED FUND

<b>CONTRIBUTOR DETAILS</b>	
NAME	
MEMBER NO.	
ADDRESS	
DATE OF BIRTH	
TAX FILE NUMBER*	_ _ _ _ _

\*UNLESS WE HAVE YOUR TAX FILE NUMBER ON RECORD, WE ARE UNABLE TO ACCEPT A PERSONAL CONTRIBUTION FROM YOU.

<b>CONTRIBUTION DETAILS</b>	
AMOUNT CONTRIBUTED	\$

ARE YOU MAKING THIS CONTRIBUTION TO OBTAIN A GOVERNMENT CO-CONTRIBUTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT, DO YOU INTEND TO CLAIM SOME OR ALL OF THIS CONTRIBUTION AS A TAX DEDUCTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, PLEASE ALSO COMPLETE AND SEND A "NOTICE OF INTENTION TO CLAIM A TAX DEDUCTION" FORM

IS THIS A CONTRIBUTION ON BEHALF OF YOUR SPOUSE? IF SO, PLEASE PROVIDE DETAILS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF YOUR SPOUSE:	
HIS/HER DATE OF BIRTH	/ /

Cheques should be made payable to Combined Fund and sent to:

GPO Box 4559, Melbourne Vic 3001.