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Refund or Reclassify Contributions Form

Please complete this form to request a refund or reclassification of a contribution made in error. This form can also be used by employers and needs to be signed by the primary contact on the employer's account. Please complete a separate form for each employee.

Please note: all refund or reclassification requests are subject to Legal Super Pty Ltd as trustee (**Trustee**) of legalsuper being satisfied that the contribution was made in error.

Please use **BLOCK LETTERS** and **BLACK INK** when completing this form. This request will be invalid if unsigned. Insert **X** when you have to choose an option.

Return this completed form to either:

Email: mail@legalsuper.com.au

Post: legalsuper Locked Bag 5081

Parramatta NSW 2124 **Phone:** 1800 060 312

SECTION 1	Contribution period (dd/mm/yyyy)						
Employer details							
Employer name	to						
Jagalau nag amalau ay numbar	Contribution amount/s \$.						
legalsuper employer number	Contribution type/s						
Australian Business Number (ABN)	Super guarantee (SG) Member voluntary						
	Employer additional (non SG) Salary sacrifice						
Primary contact person	SECTION 2						
	CHOOSE FROM ONE OF THE OPTIONS BELOW AND						
Postal address	COMPLETE THE REQUIRED DETAILS:						
	1. Refund the contribution						
	Note: The final refunded amount may be adjusted for negative investment earnings, tax or expenses incurred by the Trustee.						
Town or Suburb	If approved, the payment will be returned via EFT to the following bank account:						
	Bank / Financial institution name						
State Postcode							
Contact number							
	Bank account name (must be in the business name)						
Email							
	BSB number						
Member details legalsuper membership number	Account number						
regulauper memberamp namber	Note: For refund requests of \$5,000 payments or more, or over						
Surname	12 months old, we require a bank statement evidencing the						
	contribution made. OR						
Given names	2. Reclassify the contribution on the						
	member's super account:						
Date of birth (dd/mm/yyyy)	Contribution period (dd/mm/yyyy)						
	to						
Contribution details							
Contribution Method							
EFT Bpay Cheque Direct debit Clearing house	Super guarantee contribution: \$, .						
Contribution date (dd/mm/yyyy)	Salary sacrifice contribution: \$,						
	Mombor valuntany (after tay contribution): \$						

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SECTION 3

INDICATE THE MOST RELEVANT REASON THAT RELATES TO THE CONTRIBUTION ERROR:

there was a clerical, administrative or computer error

the payment was made to the wrong employee or the wrong fund on behalf of the member

the member was overpaid their entitlements

the member is not entitled to super guarantee contributions

Other (Trustee approval will be required). Please provide an explanation below and provide any supporting documentation:

Note: The following will not satisfy the requirements for a contribution to be refunded or reclassified:

- · a change of mind
- a mistake about the tax consequences of making a contribution (e.g. the member did not know they would breach the contribution cap limit)
- incorrect or ill-conceived knowledge or financial advice was received which led to the contribution being made (e.g. the member's financial advisor erroneously suggested they make the contribution)
- lack of understanding about the consequences of paying to a superannuation fund (e.g. that the payment would be preserved)
- a refund is requested to recover debts owed by the member

Note: A request for refund or reclassification will not be possible where the member is no longer with legalsuper or has insufficient funds in their legalsuper account.

SECTION 4

Privacy

Please note that by sending legalsuper personal information about yourself, you are agreeing to the following:

- That you have read the legalsuper privacy statement and understand how legalsuper intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
- That legalsuper can use it for the purposes of running your superannuation account.

If you have any questions about your rights under the privacy legislation, please call legalsuper on **1800 060 312** (8am to 8pm [AEST] Monday to Friday) or visit **legalsuper.com.au**

SECTION 5

Member declaration

If the contribution request for a refund or reclassification relates to a payment that is over 12 months old or was \$5,000 or more, the legalsuper member must approve the following:

- I confirm that the payment to my legalsuper account was made in error as specified above.
- By completing this approval, I consent to the above adjustment being made to my legalsuper account and I understand that this adjustment may reduce or otherwise change my account balance and may affect investment earnings and insurance cover I have in place with legalsuper.
- I certify to the best of my knowledge all information given on this form is true and correct.

Member nam	ie									
Member's signature										
Date (dd/mm	ı/yyyy)									

SECTION 6

Employer declaration

For a contribution request for a refund or reclassification, the employer must declare the following:

- I confirm that I have capacity and authority to complete this form to request a refund or reclassification of a payment and to sign this declaration.
- I agree that the employer is fully accountable to the trustee for any
 matters arising out of this claim and the employer will indemnify the
 trustee against all costs, expenses and any other sums incurred
 arising from the administration of this claim.
- I agree that the payment was made in error as specified above and request that legalsuper make the above changes.
- I certify to the best of my knowledge all information given on this form is true and correct.

Employer primary contact name													
Employer primary contact signature													
Date	e (do	l/mn	า/yyy	/y)									