Boost my super
by cheque

healthsuper

The industry fund for the **people who care**

Use this form to make personal contributions (after-tax) to your Health Super account. If you have any questions call us on 1800 331 719. Refer to the Your account section of our Member Guide (Product Disclosure Statement) for more information about making voluntary contributions and other payment methods including BPAY®.

Important information: *Indicates mandatory fields. To avoid your request being delayed or not processed please ensure these fields are completed properly.

Your details

*Your 7 or 8 digit Health Super member number

*Mr Ms Mrs Miss Dr Other (please specify)

*Given name(s)

*Surname

*Date of birth D D M M Y Y Y Y

*Full residential address (PO Box not acceptable)

Suburb Country State Postcode

Postal address if different from residential address

Suburb Country State Postcode

Phone number (BH) Phone number (AH) Mobile

Email address

Cheque

You can simply send in a cheque made payable to Health Super Fund. If you are using a money order or bank cheque please make sure you write your member number, name and address on the back of the money order or bank cheque. Attach your cheque to this form.

Sign and return as directed

Declaration

I declare and acknowledge that:

- Health Super has provided me with general advice only.
- The Trustee may be required under taxation and superannuation legislation to deduct additional tax from my contributions, refuse to accept contributions made by me or on my behalf or refuse to refund contributions made by me or on my behalf and, in doing so, may make adjustments to my account that it considers necessary or appropriate.
- I have read the Privacy Statement contained in the Member Guide and authorise the Trustee to collect, use and disclose my personal information in accordance with its Privacy Policy.
- The information I have provided in this form is true and correct.

I have read and understood the information and the declaration in this form carefully and to the best of my knowledge the details I have provided are correct. I have also read the Privacy Statement contained in the Member Guide and on our website and authorise the Trustee to collect, use and disclose my personal information in accordance with its Privacy Policy.

Your signature

Date D D M M Y Y Y Y

Sign and return this form to:
Health Super Pty Ltd, Locked Bag 2900,
Collins Street West VIC 8007

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675).
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