Colonial First State

Rollover & Superannuation Fund and FirstChoice Personal Super Employer Contributions Form

This form can be used for making deposits into an employee's Colonial First State Rollover & Super Fund or FirstChoice Personal Super.

1. Employer details	
Company name:	
Company address:	
Contact person:	
Daytime telephone number:	
2. Employee details	
Superannuation account number:	
Mr/Mrs/Miss/Ms/Other:	
Given names:	
Surname:	
Date of birth:	
Address:	
3. Amount of contribution	
Employer contribution: \$	
Employee salary sacrifice: \$	
4. Payment	
	orm. Cheques should be made payable to Colonial First State Rollover & me> or Colonial First State FirstChoice Personal Super <employee name="">.</employee>
Signature:	Date: / / /
Receipts will be issued in the form of an Investment Confirmation Advice to the account holder.	
	regular payments superannuation contributions direct to Colonial First State using BPAY. tor Services on 13 13 36 to find out more.
Please send completed form and cheque(s) to: Colonial First State Penly Paid 27, Sydney NSW 2001	

COLONIAL FIRST STATE USE ONLY CAMPAIGN CODE

0 8 4 3 0 3

