



Return completed original form to
DIY Master Limited
PO Box 7540
GCMC QLD 9726

Or email scanned originals to
powerwrap@diymaster.com.au

SMARTwrap Super - Employer Contribution Notification Form

IMPORTANT: Please use BLOCK letters and black ink when completing this form.

1. Member details

MEMBER NUMBER (mandatory)

MR/MRS/MS/MISS (mandatory)

SURNAME (mandatory)

GIVEN NAMES (mandatory)

DATE OF BIRTH

2. Employer Details

Company Name

ABN

Contact Name

Contact Number

3. Type of Monthly Contribution

Employer Contribution – Compulsory

\$.

Employer - Salary Sacrifice

\$.

Member – Voluntary

\$.

Total Payment

\$.

4. Payment Details

Please credit:

Bendigo Adelaide Bank Limited

Account Name:

BSB:

610 101

Account Number:

Employer contribution amounts should be deposited to your Cash Account, details of which are available from your Financial Adviser.

Reference - *Quote your member number*

Please make cheques payable to:

The Trust Company (Superannuation) Limited ATF Powerwrap Master Plan Fund Account