



Auswide Member Services
Ph: 1300 88 56 65
GPO Box 1572
ADELAIDE SA 5001
Website: www.auswide.com.au

MEMBER DIRECT VOLUNTARY CONTRIBUTION DEPOSIT SLIP

Member Name: _____ Member Number: _____

Address: _____

Phone: _____ Email: _____

Type of Contribution (please tick one):

- Member Voluntary Contribution
- Self Employed Contribution – Tax Deduction will be claimed
- Self Employed Contribution – No Tax Deduction will be claimed
- Spouse Contribution
- Employer Contribution

Name of Employer: _____

Amount of contribution: \$ _____

Payment Method (please tick one):

- Cash
- Cheque
- Electronic Funds Transfer (EFT)
Date of EFT: ___/___/___

Declaration

At the date of making this contribution I am:

- aged between 65 and 75 and gainfully employed at least 10 hours a week, or
- under 65 and have been gainfully employed for at least 10 hours a week within the previous 2 years, or
- under 65 and ceased gainful employment of at least 10 hours a week due to physical or mental ill-health, or
- under 65 and on parental leave to look after my children for less than 7 years and was a member/employer of Auswide before going on parental leave.
- I hereby consent to the collection, use and disclosure of personal and sensitive information under the Privacy Act 1988.

Note

- Gainful employment means employed or self employed for gain or reward for at least 10 hours a week.
- Parental leave means leave approved or authorised by the member's employer, Government or award with contractual right to return to employment at the end of the leave.
- Members cannot generally make contributions for themselves from age 70.

Member's Signature: _____ Date: _____