



## EMPLOYER CONTRIBUTION ADVICE | EMPLOYER USE ONLY

Please complete this form with a Black pen using BLOCK letters and send it to:  
 WA Local Government Superannuation Plan, PO BOX Z5493 St Georges Tce, Perth WA 6831

Please fill circles like ● **NOT like** ☒ ☑

Date Stamp (Internal Office Use Only)

42641

→ The purpose of this form is for the employer to complete when making contributions. **Please consider doing this online via: [www.walgsp.com.au](http://www.walgsp.com.au)**

### Section 1 Employer details

Employer Name																														
Address Line 1																					Employer Number									
Address Line 2																														
Suburb											State			Postcode																
Phone (Day)																														
Email																														

### Section 2 Payment options

Payment by electronic funds transfer (EFT) - EMPLOYER USE ONLY.

**Your reference number is your Employer Number:**  
 (or the number provided to you when processing the information online).

Bank: **Bankwest**  
 BSB No: **306-089**  
 Account No: **5493014**  
 Account Name: **WALGSP**

EFT Reference   
 (Employer Number / Online Reference Number)

Date of EFT  /  /

Payment by Cheque

Please make cheques payable to

**"WA Local Government Superannuation Plan Pty Ltd"**



## Section 4 Contribution totals and declaration

Contribution period FROM  /  /  TO  /  /

Type of Contribution	Total Contribution Amount Being Remitted	
<b>Concessional</b>		
→ Total Super guarantee (SG)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>Superannuation guarantee contributions</b> are the minimum contributions payable by employers. Superannuation paid under an Industrial Award or Agreement is also classified as this type of contribution.
→ Total Salary sacrifice (DM)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>Salary sacrifice contributions</b> are made by the employers from an employee's pre-tax salary. The employee sacrifices part of their salary and their employer pays an equivalent amount as a superannuation contribution.
→ Total Employer additional (CC)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>Employer additional contributions</b> are contributions by the employer which are more than the minimum Superannuation Guaranteed Contribution.
<b>Non-concessional</b>		
→ Total Member post tax (MC)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>Member personal after tax contribution</b> are made by a member and won't be claimed as a tax deduction by the member.
→ Total Spouse contributions (SC)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>Spouse contributions</b> are contributions made by a legally married or defacto spouse living with the member on a genuine domestic basis. These contributions will not be claimed as a tax deduction by the member or the spouse making the contribution.
<b>Total Amount</b>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

## Section 5 Acknowledgement & declaration

- I declare that all details in this form are true and correct.
- If there are any new members on this form a *Super Solutions Application Form* has been attached.

Full Name

Position

Signature (Authorised Officer of the Employer)

Date

/  /

