EMPLOYER

# Quarterly payment request

*PLEASE COMPLETE AND SIGN THIS FORM AND RETURN TO:*
*BUSS(Q), GPO Box 2775, Brisbane Qld 4001*

## EMPLOYER DETAILS

Full employer name *(company name, sole proprietor or partner)*

Employer number

Are you currently paying member (voluntary) contributions via your payroll?

**Yes** ☐ **NB.** Member contributions are employees' extra personal contributions forwarded by an employer, in addition to Superannuation Guarantee (SG) Contributions **No** ☐

Is there an Australian Workplace Agreement, Enterprise Agreement or other Industrial Instrument which covers the employees concerned?

**Yes** ☐ **No** ☐

If yes, does this agreement allow quarterly payments?

**Yes** ☐ **No** ☐

Authorised employer signature

Date (dd/mm/yyyy)

## OFFICE USE ONLY

Contribution frequency

☐ **Approved** ☐ **Declined**

Authorised signature

Date (dd/mm/yyyy)



**Trustee ABN: BUSS(Queensland) Pty Ltd** 15 065 081 281 | **Fund ABN:** 85 571 332 201 | **AFS** Licence 237860 | **RSE** L0002158 | **Registration Number** R1055870
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