

## Guidelines for completing this form

The AGEST Trust Deed allows for contributions that have been overpaid to be refunded at the request of the party who made the contribution.

The two most common refund requests we receive are:

- ▶ To refund contributions that have been paid incorrectly on behalf of an employee. For example, the employee has ceased employment and contributions should have already stopped.
- ▶ To refund a gross contribution or part of a gross contribution that was paid incorrectly. For example, the employer sent \$850 however they only intended to send \$580.

## AGEST refund conditions

By lodging your completed **Employer Refund Request Form**, you are acknowledging that you understand and accept the following conditions:

1. It is your responsibility to ensure that any employees for whom you are requesting a refund of contributions from AGEST are made aware that a refund has been requested.
2. Refunds are subject to AGEST's approval and the relevant member/s may be contacted by us.
3. An approved refund will represent only the gross amount requested (providing that amount is able to be recovered). Interest earnings (positive or negative) for the period AGEST held the contributions are not applied to the refund amount.
4. In some cases it may not be possible to process a refund request. In such cases, the refund will be rejected. For example, if the member for whom a refund has been requested is no longer a member of AGEST or there are insufficient funds available in the member's account.
5. AGEST accepts no responsibility for any refunds that are unable to be processed.
6. AGEST reserves the right to sufficient evidence as may be required to validate the cheque payee or bank account details nominated on this form.
7. If your refund request involves a large number of employees or requires recovery of contributions overpaid for a long period of time, a processing fee may be payable for this work. Should a processing fee be required, we will contact you prior to any work commencing.
8. The person signing this form has the appropriate authority and delegation to request a refund of contributions on behalf of the employer.
9. When contributions are refunded from a members' account, their eligibility for insurance cover in AGEST may be affected. Employers should ensure that any request for a refund is correct prior to submission to avoid any exposure to a potential claim from an employee for a declined insurance benefit.

Please complete and return this form to:

**AGEST Administration**  
**Locked Bag 20**  
**Wollongong NSW 2500**

or fax it to us on **1300 664 378**  
(or + 61 2 4253 6108 from overseas)

## 1. Employer details

Employer number

Employer name

Postal address

Suburb/Town

State/Territory

Postcode

## Contact person

Title (please tick)

Miss

Ms

Mrs

Mr

Dr

First name(s)

Family name

Position title

## Contact numbers

Work

Mobile

Email address

## Privacy

AGEST handles your personal information in accordance with a set of National Privacy Principles. AGEST's privacy policy is available in our PDS and on our website [www.ages.com.au](http://www.ages.com.au) or you can call us for a copy on 1300 724 378.



# Employer Refund Request Form

If you require space for more than four employees, please copy this page and return with the rest of the form.

## Employee 1

Member number <input type="text"/>	Date of birth <input type="text"/>	First name <input type="text"/>	Last name <input type="text"/>
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Payroll number <input type="text"/>	Overpayment start date <input type="text"/>	Overpayment end date <input type="text"/>	Total amount of refund request \$ <input type="text"/> <input type="text"/>
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Have you notified the member of this refund request?  YES  NO - please indicate why .....

## Employee 2

Member number <input type="text"/>	Date of birth <input type="text"/>	First name <input type="text"/>	Last name <input type="text"/>
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Payroll number <input type="text"/>	Overpayment start date <input type="text"/>	Overpayment end date <input type="text"/>	Total amount of refund request \$ <input type="text"/> <input type="text"/>
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Have you notified the member of this refund request?  YES  NO - please indicate why .....

## Employee 3

Member number <input type="text"/>	Date of birth <input type="text"/>	First name <input type="text"/>	Last name <input type="text"/>
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Payroll number <input type="text"/>	Overpayment start date <input type="text"/>	Overpayment end date <input type="text"/>	Total amount of refund request \$ <input type="text"/> <input type="text"/>
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Have you notified the member of this refund request?  YES  NO - please indicate why .....

## Employee 4

Member number <input type="text"/>	Date of birth <input type="text"/>	First name <input type="text"/>	Last name <input type="text"/>
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Payroll number <input type="text"/>	Overpayment start date <input type="text"/>	Overpayment end date <input type="text"/>	Total amount of refund request \$ <input type="text"/> <input type="text"/>
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Have you notified the member of this refund request?  YES  NO - please indicate why .....