# Request for contribution refund or correction

Use this form if you're a CBUS employer correcting an administrative contribution error. You can request a correction or refund. Only a registered, authorised employer contact can submit this request. Third-party contributors (for example, clearing houses or insurers): see the *Employer contribution refunds and corrections* fact sheet for guidance.

**Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.**

**Refunds and corrections and Payday Super**

Under Payday Super laws, you are still required to pay super on payday, even if you have made a mistake in previous super payments. This way, you stay on track with your super payments, avoid the risk of incurring penalties, and still have the opportunity to resolve any errors.

- To minimise delays, we recommend you contact impacted members and include their written consent with this application.
- If we approve the refund, but the member's written consent has not been provided, we will need to write to affected members, giving them 21 days to raise any objections before adjustments are made to their account.
- If no objections are received within 21 days, the request will be finalised. If an objection is raised, futher investigation may be required.
- If your request is unsuccessful, we will provide you with a reason.

## Step 1: Employer details

CBUS Employer number

Company name

ABN

**Company address**

Street number/PO box

Street name

Suburb/town

State

Postcode

**Authorised contact**

Contact name

Position

Email address

Contact phone (work)

( )

Contact phone (mobile)

## Step 2: Reason for payment error

It's important to select the reason for your request from the following scenarios and provide any supporting information you feel is relevant to this request in Step 2A.

**We can only consider requests for corrections and refunds for contributions made in the last two years.**

**Please choose from one of the following:**

- ☐ Duplicated payment
- ☐ Paid under the wrong employer number
- ☐ Paid into CBUS bank account, not the clearing house
- ☐ Wrong contribution period payment dates
- ☐ Incorrect payment amount (such as, keyed wrong amount or overpayment)*
- ☐ Paid to the wrong member
- ☐ Paid to CBUS but should have gone to another fund
- ☐ Contribution payment was classified incorrectly
- ☐ Employer was not required to pay superannuation*
- ☐ Other (please specify)

* If your request relates to contributions paid while an employee was on a Workcover claim or any other employee entitlements, we'll take your current EBA (or equivalent) into consideration while assessing your request. Please ensure you provide a copy of your current EBA (or equivalent) with this application.

## Step 2A: Please advise how the error occurred

**Please complete the sections below for the type of request you are making:**

☐ REFUND > Complete **steps 3 and 4**

☐ CORRECTION > Complete **step 5**

## Step 3: Contribution details – refund

List the individual contributions made and the amount you should've paid. Please complete all fields. The difference should reflect the overpaid amount and equal the refund you've request. If there's insufficient space, please provide an attachment.

| CBUS member number | Surname/ first name | DOB | Applicable super payment period | Date of payment | Amount paid | Correct amount | Amount to be refunded |
|---|---|---|---|---|---|---|---|
| EXAMPLE 987654 | Smith, John | 31/12/1990 | 01/11/2026 – 15/11/2026 | 15/11/2026 | $100.00 SG | $80.00 SG | $20.00 |
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| | | | | | | | |
| | | | | | | | |
| | | | | **TOTAL** | **$** | **$** | **$** |

## Step 4: Payment instructions for refunded contributions

Refunds will only be processed by Electronic Funds Transfer (EFT). If you don't provide your EFT details, we may require you to supply additional information and there may be a delay in processing your refund request.

Account name

Name of bank/ financial institution

Branch

BSB ___ - ___ Account number

## Step 5: Contribution details – correction

List the contribution payment(s) you want to change, including how the contribution is currently allocated and how you'd like it corrected. Please complete all fields and if there's insufficient space, please provide an attachment.

| CBUS member number | Surname/ first name | DOB | Applicable super payment period | Date of payment | Amount to be corrected | Current allocation | New allocation |
|---|---|---|---|---|---|---|---|
| EXAMPLE 987654 | Citizen, Sam | 01/01/1990 | 01/07/2026 – 15/07/2026 | 15/07/2026 | $1,500.00 | SG | Member additional |
| | | | | | | | |
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| | | | | | | | |
| | | | | **TOTAL** | **$** | **$** | **$** |

The Trustee will consider your request based upon the information supplied, please continue to make your CBUS Super contributions until the outcome of your request is determined.

## Step 6: Declaration

By signing this form, I confirm:

- the information in this request is true and correct
- I am a nominated contact for the CBUS participating employer and authorised to make this request
- I understand the company is responsible for notifying and correcting any lodgment with the Australian Taxation Office as a result of this application being accepted by the Trustee
- nothing in this request would detract from the duties of the employer under any of the provisions or entitlements of its employees
- the company will continue to meet its superannuaton contribution obligations for its employees while the Trustee examines this request

**Note:** The Trustee reserves the right to withhold any portion of overpayment should it become aware that it does not have the right to deduct any such portion from a member's account, including where the funds are no longer held by the Trustee.

Full name

Sign here:

Date D D / M M / 2 0 Y Y

## Privacy

Read the *Privacy Policy* and *Personal Information Collection Statement* at **cbussuper.com.au/privacy** for details about how we collect and disclose personal information or call **1300 361 784** for a copy.

Return your completed form and any attachments using our secure message service at **cbussuper.com.au/message** or by post to **CBUS, Locked Bag 5056, Parramatta NSW 2124**

# Need a hand?



**CBUS**
Locked Bag 5056
PARRAMATTA NSW 2124



**1300 361 784**
8am to 8pm (AEST/AEDT)
Monday to Friday



**cbusenq@cbussuper.com.au**
**cbussuper.com.au**
Log in to chat to us online



Visit us in person in Adelaide, Brisbane, Melbourne, Perth and Sydney.
Details: **cbussuper.com.au/contact**