



# Grow your super with A once off contribution

## Your details

Your HIP member number

Your date of birth

Title

First name(s)

Surname

Your home address

Suburb

Postcode

Contact phone number

Mobile

Your employer

Your email address

## The amount you want to contribute

Please accept my once off payment of \$  to be added to my member account (number shown above).

I understand that cheques must be made payable to **Health Industry Plan**.

I also understand that this contribution will appear as a member voluntary contribution on my statement.

## Your signature

Signed

Dated

## Return this form and your cheque to Health Industry Plan

HIP Administrator  
PO Box K1038  
Haymarket NSW 1236