

## SUPERANNUATION SALARY SACRIFICE FORM

This form is to be used by workers wishing to commence, vary or cease a salary sacrifice arrangement to their superannuation. It is recommended that appropriate independent financial advice is sought prior to completing this application form.

STEP 1: PROVIDE YOUR EMPLOYEE DETAILS	
Surname:	Given Name(s):
Email:	Phone:

STEP 2: CONFIRM YOUR FUND DETAILS	
<b>Retail, Public Offer, Industry or Personal Superannuation Fund</b>	
Fund Name:	Member No.:
<b>ATO regulated Self-Managed Superannuation Fund</b>	
Fund ABN:	Fund ESA:
Fund BSB:	Fund Account No:

STEP 3: SET UP YOUR SALARY SACRIFICE		
<b>Amounts will be processed in addition to superannuation guarantee contributions (SGC). Please provide amount in excess of SGC.</b>		
New Request	Vary Existing Request	Cease Existing Request
Please start making salary sacrifice contributions to the above fund of:		
\$ .00 each	Week	Fortnight
	Month	One-Time Contribution
From first salary payment after / /		
Please process my super contributions monthly while I have an active salary sacrifice arrangement.		
I understand that I will revert to quarterly super contributions if I elect to cease my salary sacrifice arrangement.		

STEP 4: SIGN THE DECLARATION	
I understand and acknowledge that:	
<ul style="list-style-type: none"> <li>while my employer pays such contributions the salary otherwise payable to me will be reduced by the amount of the contributions.</li> <li>salary sacrifice can only apply to future remuneration or service.</li> <li>the contributions will be treated as employer contributions for tax purposes and a contributions tax of 15% on contributions will be payable when they are received by the fund.</li> <li>the benefit resulting from these contributions:               <ul style="list-style-type: none"> <li>will not be treated as non-concessional contributions and may attract further taxes when paid as a benefit,</li> <li>will be subject to Federal Government preservation requirements, and</li> <li>will count towards my concessional contributions cap.</li> </ul> </li> <li>the salary sacrifice arrangement will continue in force until I advise my employer in writing of any change or cancellation.</li> <li>it's my responsibility to obtain independent financial advice before agreeing to salary sacrifice.</li> </ul>	
<b>Signature:</b>	<b>Date:</b>

