SUPERANNUATION SALARY SACRIFICE (UNISUPER) – VOLUNTARY CONTRIBUTIONS

EMPLOYEE DETAILS:

Family Name: _____   Other Names: _____

Employee Number: _____   Faculty/ Office: _____

SALARY SACRIFICE OPTIONS: (Select one box only)

Do you wish to start, change or cancel your current salary sacrifice voluntary contributions?

☐ **Start** making salary sacrifice voluntary contributions – complete **Option A**

☐ **Change** my current salary sacrifice voluntary contributions – complete **Option B**

☐ **Cancel** my current salary sacrifice voluntary contributions – complete **Option C**

OPTION A – STARTING SALARY SACRIFICE CONTRIBUTIONS:

You may choose any amount for your salary sacrifice contributions – specified either as dollars or as a percentage of your pay.

How much do you want to contribute via salary sacrifice? $ _____. ___ per pay period

OR __ __ % of my salary per pay period

OPTION B – CHANGING SALARY SACRIFICE CONTRIBUTIONS:

State the **new** amount you want to contribute via salary sacrifice: $ _____. ___ per pay period

OR __ __ % of my salary per pay period

OPTION C – CANCELLING SALARY SACRIFICE CONTRIBUTIONS:

☐ I wish to cancel my current salary sacrifice voluntary contributions (effective next pay period)

DECLARATION:

i.   I declare that the information provided is complete and correct;

ii. I understand that my salary sacrifice contributions will be invested according to my chosen investment option or options;

iii. I understand all contributions must be preserved until I become eligible to receive my superannuation benefit;

iv. I consent to my salary sacrifice contributions deducted, via payroll deductions, before tax;

v.   It is my responsibility to obtain independent financial advice before submitting this request.

Signature of Staff Member: _____ Date: ____ /____ /____

HR USE ONLY: HRIS loaded: _____ (inits) ____ /____ /____