

# SALARY SACRIFICE SUPERANNUATION CONTRIBUTION FORM

Employee Full Name: \_\_\_\_\_

Employee Number (if applicable): \_\_\_\_\_

## Employer Details:

Employer Name: \_\_\_\_\_

Employer ABN: \_\_\_\_\_

## Superannuation Fund Details:

Fund Name: \_\_\_\_\_

Fund ABN: \_\_\_\_\_

USI (Unique Superannuation Identifier): \_\_\_\_\_

Member Number: \_\_\_\_\_

## Salary Sacrifice Details:

Amount to Sacrifice (per pay period): \_\_\_\_\_

Frequency of Deduction: \_\_\_\_\_

## Payment Instructions:

I instruct my employer to make the salary sacrifice contributions to the above nominated superannuation fund.

## Privacy and Consent:

I acknowledge that the personal information I have provided will be used for processing this salary sacrifice arrangement and may be disclosed to my employer, superannuation fund, and other parties as required or permitted by law. I consent to the collection, use, and disclosure of my personal information in accordance with applicable privacy laws.

## Declarations:

1. I understand that salary sacrifice contributions are made from my pre-tax salary and may affect my take-home pay.
2. I acknowledge that it is my responsibility to ensure the nominated superannuation fund details are correct.
3. I understand that this arrangement will continue until I notify my employer in writing to cease or change the salary sacrifice arrangement.
4. I confirm that I have read and understood the Product Disclosure Statement for the nominated superannuation fund.

## Employee Signature and Acknowledgement:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Employer Representative Acknowledgement:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Information:

Salary sacrifice arrangements are subject to the rules of the nominated superannuation fund and prevailing taxation laws in Australia. It is recommended that you seek independent financial advice before entering into a salary sacrifice arrangement. The employer is not liable for any loss or tax consequences arising from this arrangement.

**EMPLOYEE SIGNATURE**

**EMPLOYER REPRESENTATIVE SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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