

TERMINATION OF SALARY SACRIFICE OF SUPERANNUATION AGREEMENT

Salary Sacrifice Form 8



Please complete this form in **BLOCK LETTERS** using a **BLACK PEN**.

Employee Personal Details

Superannuation Account ID

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Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Email address

Superannuation Scheme

Employee number

Employee Declaration

I, the employee named above, hereby advise that I wish to cease salary sacrifice of superannuation payments, with effect from (date): ____ / ____ / ____

Signature: **X**

Date: / /



Forward to your Payroll for employer confirmation and payroll action.

Contact your payroll team regarding timeframes for processing this request.



UFL0060

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Employer Confirmation

On behalf of the employer, I hereby acknowledge and agree to terminate the salary sacrifice of superannuation by the employee listed on the first page of this form.

Agency name

Contact person

Address

Postcode

Email address

Fax

Signature: ✕

Date: / /

Employer to forward a copy of this form to Payroll.