

Form > SA Ambulance Service Superannuation Scheme

MAKING ADDITIONAL AFTER-TAX CONTRIBUTIONS

> 1

**SUPER SA**
contributing to your future

Please complete all the details on this form and forward it to your payroll office

1. Personal Details

Account ID

Mr Ms Miss Mrs Dr Prof

Surname _____

Given name(s) _____

Residential address _____

Postcode _____

Postal address (if different from above) _____

Postcode _____

Date of birth / / _____

Email* _____

Telephone* (W) _____

(H) _____

(M) _____

Employee no _____

Contact us**Address**

Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal

GPO Box 48, Adelaide, SA 5001

Call

(08) 8207 2094 or 1300 369 315 (for regional callers)

Email

supersa@sa.gov.au

Website

www.supersa.sa.gov.au

*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

2. Membership Type

I am a standard contributory member

I am a non-contributory member

3. Additional Contributions

I authorise the Service to deduct from my future pay after-tax voluntary super contributions equal to _____%¹ of my base superannuation salary or \$_____ per fortnight.

¹ This is in addition to the mandatory after-tax or before tax contribution.

OR

I wish to cease after-tax voluntary super contributions

4. Member Checklist

I understand that all requests made under section 3 are subject to the Scheme's approval and will only take effect as soon as is practicable after such approval is given.

I understand that this is a voluntary after-tax contribution in addition to my mandatory after-tax or before-tax contribution rate (if applicable).

I have read and understand the after-tax information in the Product Disclosure Statement.

I understand that I cannot receive these additional super contributions and the investment earnings until I cease employment with the Service and satisfy legislative requirements.

If the Scheme approves my request, it will supercede any previous instructions that I have provided in relation to the deduction of after-tax voluntary super contributions.

5. Member Declaration

I certify that the information I have provided on this page is true and correct.

Signature **X** _____ Date _____

OFFICE USE ONLY

Pay date for commencement/cessation (please circle) of additional contributions:

Date _____

Signature of Authorising Officer _____

Date _____



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