

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and forward to your payroll or HR delegate.

1. PERSONAL DETAILS

Account ID

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Mr Ms Miss Mrs Dr Prof

Surname _____

Given name(s) _____

Address _____

Postcode _____

Date of birth / / _____

Email* _____

Telephone* (M) _____

(W)

(H)

*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, announcement, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

Contact us

In person

Ground floor, 151 Pirie Street
Adelaide SA 5000

Postal

GPO Box 48, Adelaide, SA 5001

Call

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

Website

www.supersa.sa.gov.au

2. STEP BY STEP GUIDE:

Please read the following information carefully:

- Complete sections 1, 3 and 4.
- If you would like to stop making after-tax contributions or change the amount of after-tax contributions you're making, you will need to complete the *Change to Contribution Rate* form..
- Give this form to your employer to complete section 6. Your employer's salary sacrifice delegate must sign the Employer Declaration (section 5), and then forward to your Payroll to fax the form to Super SA on 8115 1298.

3. SALARY SACRIFICE DETAILS

Total annual earnings \$ _____

eg gross annual salary plus additional earnings from overtime, shift penalties and/or allowances

Amount of salary sacrifice contribution each fortnight \$ _____

In words, please write out this amount in full

OR

Percentage of earnings each fortnight as a salary sacrifice contribution _____ %

In words, please write out this amount in full:

If you wish to stop making after-tax contributions or change the amount of after-tax contributions you're making, you need to complete the *Change to Contribution Rate* form.



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4. EMPLOYEE DECLARATION

I understand that:

- By signing this agreement, I am authorising my employer to contribute on my behalf into Super SA Select. These contributions will be deducted by my employer from my before-tax salary for each relevant pay period.
- My salary sacrifice contributions to my Super SA Select account are included in the \$25,000 annual concessional cap. I am aware that breaching the cap will result in additional tax being payable. I know that I can find more information about tax in super on the Super SA Select *Tax* fact sheet and the ATO website.
- An administration fee of \$44 including GST is payable to my employer from my after-tax salary at the commencement of this Agreement. I understand that if I wish to change the amount or percentage of my salary sacrifice contribution I will need to enter into a new Agreement at an additional cost of \$44.
- I must complete the attached Financial Advice Certification (Form 9) acknowledging my responsibility to obtain independent financial advice before entering into this Agreement to salary sacrifice. (Please return this form to your employer.)
- My employer is not liable, either directly or indirectly, in respect of any matter concerning my contributions, unless such liability cannot be abrogated by statute.
- By signing below, I will indemnify my employer from and against:
 - Any income tax or any other taxation liability whatsoever (including any administrative penalty, fine or other amount) that may become payable pursuant to any relevant taxation legislation and rulings
 - Any other liability whatsoever not otherwise described above, in respect of the contributions by my employer, which includes any information supplied by my employer including but not limited to any estimate of total annual earnings and the amount of the contributions and any matter not otherwise described herein, and
 - All charges, costs, damages, disbursements, fees, losses suffered or incurred by my employer in relation to any matter associated with the contributions by my employer.

Signature: _____

Date: / /

Please note that this form cannot be processed until you have signed the Employee Declaration above and forwarded it to your employer's salary sacrifice delegate or payroll office (whichever is applicable), for completion of the Employer Declaration. The *Financial Advice Certification (Form 9)* must also be forwarded to your employer's delegate/payroll office.

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5. EMPLOYER DECLARATION

(This section needs to be signed by your employer's salary sacrifice delegate.)

The employer agrees and acknowledges as follows:

- That upon the employee signing and delivering this Agreement to the employer, the employer will commence making the deductions and contributions for salary sacrifice only, as outlined in the Employee Declaration (section 4), subject to acknowledgement of the employee as a salary sacrifice member by Super SA or acceptance of the employee as a Super SA Select member by the Southern Select Super Corporation, as Trustee.

Employer salary sacrifice delegate signature	Date	/	/
Employing agency	Date faxed to Super SA	/	/
Payroll contact name	Fax		

Please complete all the details on this form and arrange for payroll to return it to Super SA.

6. PAYROLL ACTION (PAYROLL USE ONLY)

Date payroll actioned	/	/	Deductions commence PPE
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FINANCIAL ADVICE CERTIFICATION

Form (Form 9)



Government of
South Australia

1

Complete this form using a **BLACK PEN** and forward it to your nominee prior to completing any other forms.

Personal Details

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Employee number

Employee Declaration

I, the person named above, hereby acknowledge that any financial advice required to inform or support my decision to salary sacrifice is solely my responsibility and any such advice must be obtained independently from my employer or my selected nominee.

Signature: ✕

Date: / /