

Form > Super SA > Triple S Police CHANGE TO CONTRIBUTIONS



SUPER SA
contributing to your future

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return to **Super SA**.
Only complete this form if you wish to change your contribution rate.

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* (M)

(W)

(H)

Employee number

*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 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

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

Email

supersa@sa.gov.au

Website

www.supersa.sa.gov.au

¹ Former Police Lump Sum Scheme members will forego their entitlement to a Guaranteed Minimum Retirement Benefit if they reduce their after-tax contribution rate below their Lump Sum standard rate or do not make the nominated before-tax (salary sacrifice) contributions at their required rate.

Notes

As a police officer, your superannuation contributions are made up of:

- A **compulsory contribution** of either:
 - 4.5%¹ after-tax, or
 - 5.3%¹ before-tax (salary sacrifice) of your superannuation salary.

By default, this is deducted from your salary as an after-tax contribution. If you want to change to salary sacrifice deductions you need to complete this form.

- A 10% **employer contribution** because your compulsory contribution is 4.5%¹ after tax or 5.3%¹ salary sacrifice.

You can make **additional voluntary contributions** as after-tax contributions or via salary sacrifice. You can use this form to nominate any additional contributions you would like to make.

If you want to change your compulsory contributions to salary sacrifice and make **additional voluntary salary sacrifice contributions**, you need to add the voluntary amount to 5.3%¹ when you complete Section 3.

Example: If you want to make compulsory contributions via salary sacrifice, plus voluntary salary sacrifice contributions of 5% per fortnight then your contributions will be:

| | | | | |
|----------------------------------------|---|---------------------------------------|---|-----------------------------------|
| 5.3% ¹ | + | 5% | = | 10.3% |
| compulsory salary sacrifice percentage | | voluntary salary sacrifice percentage | | total salary sacrifice percentage |

Be aware that if you are currently making voluntary salary sacrifice contributions, the amount you write into Section 3 of this form will override the amount you currently contribute.

If you are not making 4.5%¹ after-tax contributions then the percentage you enter in Section 3 must be 5.3%¹ or more of your salary.

After-tax and salary sacrifice contributions must be made as a percentage of your salary, not a set dollar amount.

Police cadets, while at the Police Academy, and police officers employed under contracts with fixed terms are not compelled to make personal contributions, but may choose to do so. To make or change contributions, cadets should complete the *Change to Contribution Rate - Police Cadets* form.

2. Tax File Number

If you are making after-tax contributions please provide your TFN. If you do not, Super SA will be unable to accept any after-tax contributions you make.

Tax File Number

If you provide your TFN it will only be used for legal purposes and it will assist in finding and identifying your super entitlements now and in the future. Declining to provide your TFN is not an offence.





**Please complete this form in BLOCK LETTERS using a BLACK PEN and return to Super SA.
Only complete this form if you wish to change your contribution rate.**



You should be aware that if you elect to make your compulsory contributions via a salary sacrifice arrangement these contributions are preserved until you retire at or after age 50, unless you die or become permanently disabled or terminally ill. For further information see the Triple S *Accessing Your Super* fact sheet. Detailed information on the tax implications of making contributions is available in the Triple S *Tax* fact sheet.



Contributions to Triple S **will not count towards the First Home Super Saver Scheme (FHSSS)**. All contributions to an untaxed fund are specifically excluded under the Commonwealth rules.

3. Salary Sacrifice Contributions

Complete this section if you wish to commence or vary your salary sacrifice contributions.

If you want to make your compulsory contributions via salary sacrifice you must make a minimum contribution of 5.3%¹ but you may choose to contribute a greater percentage. Please ensure that you also complete Form 9 at the end of this form. There is no limit on the maximum percentage of salary sacrifice contributions that you can make².

I wish to commence or vary my salary sacrifice contributions.

Please provide your total annual earnings and salary sacrifice amount.

1. Total annual earnings \$ _____ (eg gross annual salary plus additional earnings from overtime, shift penalties and allowances)
2. **Total salary sacrifice** (compulsory + voluntary) as a set percentage each fortnight
Percentage of earnings each fortnight as a salary sacrifice contribution _____ %

In words, write out this percentage in full _____

If you are currently making after-tax contributions you need to consider whether you want them to cease or change the percentage of your contributions.

I wish to cease making after-tax contributions. If you do not tick this box, your after-tax contributions will continue in addition to your salary sacrifice contributions.

If you want to commence or change the percentage of your after-tax contributions complete section 4 also.

4. After-tax Contributions

Complete this section if you wish to recommence or vary your after-tax contributions.

There is no limit on the maximum percentage of after-tax contributions that you are able to make³. If you want to recommence making your compulsory contributions after-tax, you must make a minimum contribution of 4.5%¹ but you may choose to contribute a greater percentage. The percentage needs to be a whole percentage of your gross super salary unless you are making contributions of 4.5%.

When working out the percentage of after-tax contributions, you need to remember that your after-tax contributions are based on a percentage of your salary before tax. Therefore, you need to ensure that you do not elect to contribute an amount greater than your take home pay.

I wish to recommence or vary making my compulsory contributions via after-tax contributions.

Please tick one of the following:

- 4.5% 5% 6% 7%
 8% 9% 10% Other (please specify) _____ %

If you are currently making salary sacrifice contributions you need to consider whether you want them to cease or change the percentage of your contributions.

I wish to cease making salary sacrifice contributions. If you do not tick this box, your salary sacrifice contributions will continue in addition to your after-tax contributions.

If you want to commence or change the percentage of your salary sacrifice contributions complete section 3 also.

¹ Former Police Lump Sum Scheme members will forego their entitlement to a Guaranteed Minimum Retirement Benefit if they reduce their after-tax contribution rate below their Lump Sum standard rate or do not make the nominated before-tax (salary sacrifice) contributions at their required rate.

² Salary sacrifice contributions are included as part of the Taxable (untaxed) component of your superannuation lump sum. When you claim your entitlement, any part of the Taxable (untaxed) component that exceeds \$1,515,000 will be taxed at the top marginal tax rate.

³ If you contribute more than \$100,000 after-tax in a financial year (or \$300,000 if you bring forward the limit for two years) the excess amount will be taxed at the highest marginal rate.



**Please complete this form in BLOCK LETTERS using a BLACK PEN and return to Super SA.
Only complete this form if you wish to change your contribution rate.**

Employee Declaration

I understand that:

- By signing this agreement, I am authorising my employer to contribute on my behalf into Triple S. These contributions will be deducted by my employer from my salary for each relevant pay period.
- 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.
- I declare that the statements above are true and correct. I understand that the election will remain in force until I notify SAPOL in writing of any further changes.
- There is no limit on salary sacrifice contributions I can make to Triple S. I may elect to salary sacrifice up to 100% of my total annual earnings comprising my before-tax salary, as prescribed by my employment arrangement, and additional earnings derived from overtime, shift penalties and/or allowances.
- However, I am aware that any concessional contributions made to Triple S will be counted towards my concessional contributions cap where I am also receiving concessional contributions in a taxed super fund. Even though I cannot exceed this cap as a result of concessional contributions made to Triple S, any additional concessional contributions to a taxed fund could result in me exceeding the cap. I acknowledge that I can find more information about tax in super in the Triple S Tax fact sheet and on the ATO website.
- If I elect to make contributions via a salary sacrifice arrangement these contributions are preserved until I retire at or after age 50, unless I die or become permanently disabled or terminally ill.
- 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 percentage of my salary sacrifice contribution I will need to enter into a new Agreement at an additional cost of \$44.
- I must complete a *Financial Advice Certification (Form 9)* acknowledging my responsibility to obtain independent financial advice before entering into this Agreement to salary sacrifice.
- Contributions to Triple S will not count towards the First Home Super Saver Scheme (FHSSS).
- 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: / /

5. Employer Declaration

This section needs to be signed by an authorised SAPOL HR 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 salary sacrifice or after-tax contributions as outlined in sections 3 and 4.

Employer salary sacrifice delegate signature:

Signature: ✖

Date: / /

Date / /

Payroll contact name email



Employers

Please complete all the details in section 5 of this form and email as a scanned copy to Shared Services at:

PayrollCustomerServiceSAPOL@sa.gov.au.

6. Payroll Action

Payroll use only

Date payroll actioned / / Deductions commence PPE

Date scanned copy emailed to Super SA / /

This page has been left blank intentionally

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: / /