

Salary Sacrifice



Employees with a Triple S account

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed form to your employer/HR delegate.

To find out more visit supersa.sa.gov.au or call **1300 369 315**

Account ID:

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Your salary sacrifice arrangement exists between **you** and **your employer** and is facilitated by **Shared Services/Payroll**.

After-tax contributions: If you are making after-tax contributions into the Triple S Scheme and you want to change or stop them, complete the Change to After-Tax Contribution Rate form available to download from the Super SA website and return it to Super SA.

1. Personal details

Title	Given Name(s)	Date of birth									
		D	D	/	M	M	/	Y	Y	Y	Y
Family Name											
Email address*											
Mobile phone*				Work phone				Home phone			
Street address											
Suburb								State		Postcode	
Postal address (if different from above)											
Suburb								State		Postcode	
Name of employer											
Employee number											

*If you provide your email address and/or mobile number, then your employer and/or Shared Services will be able to contact you in a timely manner about your applications.

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

CONTACT INFORMATION

Application process: Queries about the application process should be directed to your HR/Salary Sacrifice delegate.

Application progress: Please allow Shared Services a turn-around time of 10 working days to set up a salary sacrifice arrangement.



WFL0010

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Salary Sacrifice Process

Employee

- Completes the Salary Sacrifice form.
- Gives the completed form to employer/HR delegate (if unsure ask your immediate Manager).

Employer/HR delegate

- Completes Section 5 - Employer Declaration on page 4.
- Gives the completed form to agency's Payroll.

Shared Services/Payroll

- Actions the completed form and adjusts member's salary arrangements as per instructions.
- Deducts \$44 employer fee.

2. Salary sacrifice details

Please provide your total annual earnings and then **ONLY** complete either **OPTION A** or **OPTION B**.

Total annual earnings \$

e.g. gross annual salary plus additional earnings from overtime, shift penalties and/or allowances

OPTION A: Salary sacrifice a set \$ dollar amount each fortnight OR

OPTION B: Salary sacrifice a set % each fortnight

Amount of salary sacrifice contribution each fortnight \$

Percentage of earnings each fortnight as a salary sacrifice contribution

 %

In words, please write out this amount in full:

In words, please write out this amount in full:

3. SA Police and SA Ambulance Service staff

Please complete this section if you are a member of the Police Pension Scheme or SA Ambulance Service Superannuation Scheme.

Are you an Active Police Pension Scheme member?

 Yes

Are you an SA Ambulance Service Superannuation Scheme member?

 Yes

Tax and limits

Although there is no limit to the amount of salary sacrifice contributions you make to your Triple S account, there is a limit to the amount that will be taxed concessional on exit. For more information refer to the Triple S Reference Guide at supersa.sa.gov.au.

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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 Triple S. These contributions will be deducted by my employer from my before-tax salary for each relevant pay period.
- Currently there is no limit on salary sacrifice for super contributions to a constitutionally protected fund. 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. I understand that ongoing deductions from my salary such as union fees will affect what constitutes a 100% salary sacrifice contribution.
- I understand that an administration fee of \$44 including GST is payable to my employer from my after-tax salary at the commencement of this Agreement and that it is deducted from my first salary sacrifice contribution. I permit Payroll to deduct this amount from my salary.
- I understand that if I wish to change the amount or percentage of my salary sacrifice contribution or if I change agencies, 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. (Please return this form to your employer).
- The salary sacrifice is an arrangement between myself and my Employer.
- It is my responsibility to monitor whether my concessional contributions (employer contributions plus salary sacrifice contributions) exceed any caps that could apply to my scheme.
- I have read the Triple S Reference Guide and am aware of the tax payable on exit.
- Contributions to Triple S will not count towards the First Home Super Saver (FHSS) Scheme.
- 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 and Triple S 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 / /

This form requires your physical signature. Digital signatures are not accepted. Please print, sign and return the form to your employer/HR delegate.

Checklist

Use the the list below to make sure you have completed the form correctly. We suggest ticking the actions relevant to you and marking those not relevant as N/A (not applicable).

Step A (applicable to ALL members)

Everyone completing this form must:

- | | |
|---|--|
| <input type="checkbox"/> Complete section 1 | <input type="checkbox"/> Complete section 4 |
| <input type="checkbox"/> Complete section 2 | <input type="checkbox"/> Complete Financial Advice Certification Form (Form 9) |
| <input type="checkbox"/> Complete section 3 (if applicable) | <input type="checkbox"/> Once the steps in this checklist are completed, I will forward this form to my employer/HR Delegate (whichever is applicable) for their actioning |

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Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed form to your employer/HR delegate.

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).

Employer salary sacrifice delegate information:

Name

Role

Employing agency

Phone

Email address

Signature:

Date

6. Payroll Action

Payroll use only

Date payroll actioned

Deductions commence PPE

FINANCIAL ADVICE CERTIFICATION FORM



Super SA



(Form 9)

Complete this form and forward it to your nominee prior to completing any other forms.

Personal details

Title	Given Name(s)	
<input type="text"/>	<input type="text"/>	
Family Name		
<input type="text"/>		
Street address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from above)		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee number		
<input type="text"/>		

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:	<input type="text"/>	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

Forward to your Payroll for employer confirmation and payroll action.
Contact your payroll team regarding timeframes for processing this request.

Contact us



EMAIL supersa@sa.gov.au, or



POST GPO Box 48, Adelaide SA 5001



WEBSITE supersa.sa.gov.au



MEMBER CENTRE (BY APPOINTMENT ONLY) 151 Pirie St Adelaide SA 5000



PHONE 1300 369 315