



SUPER SA
 contributing to your future

Please complete all the details in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original of this form to your payroll office

1. Personal Details

Super 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) _____

* 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.

Contact us
Address
 Ground floor, 151 Pirie Street, Adelaide SA 5000
 (Enter from Pulteney Street)
Postal GPO Box 48, Adelaide, SA 5001
Call (08) 8226 9839
Email supersa@sa.gov.au
Website www.supersa.sa.gov.au/parliamentary_super

Please read the following information carefully.
 – Sections 1, 3 and 4 must be completed by the member, Section 6 by Super SA and Sections 5 and 7 by your payroll office.
 – You only need to complete Section 2 if you are a PSS 3 member making after-tax contributions and you would like to vary your after-tax contributions.
 – After the Payroll Declaration (Section 5) has been completed by your payroll office, they will provide the completed form to Super SA.
 – Super SA will process your application and advise your payroll to commence deductions.

2. Existing PSS3 Members

I would like to vary or stop my after-tax member contributions as shown below:
 Note: if you do not tick an option, member contributions will continue as well as salary sacrifice.

0% 1% 2% 3% 4%
 5% 6% 7% 8% 9%
 other (please specify) _____
 retain my current rate

3. Salary Sacrifice Details

Basic plus additional salary _____ \$
 eg gross annual salary plus additional earnings from higher office

Amount of salary sacrifice contribution per fortnightly pay:
 _____ \$

or
 Amount of salary sacrifice contribution per monthly pay:
 _____ \$

or
 Percentage of salary sacrifice each pay _____ %

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



Form > SA Parliamentary Superannuation Scheme NOTIFICATION OF SALARY SACRIFICE CONTRIBUTIONS



Please complete all the details on this form and return the signed original to your payroll office

4. Member Declaration

I understand that:

- By signing this agreement, I am authorising the Government to contribute on my behalf into PSS 3. These contributions will be deducted by the Government from my before-tax salary for each relevant pay period.
- An administration fee will be deducted by the payroll office from my after-tax salary at the commencement of this Agreement and any subsequent salary sacrifice to superannuation agreement.
- The Government is not liable, either directly or indirectly, in respect of any matter concerning my contributions, unless such liability cannot be abrogated by statute.
- Contributions to this Scheme will not count towards the First Home Super Saver Scheme (FHSSS).
- By signing below, I will indemnify the Government 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, and
 - any other liability whatsoever not otherwise described above, in respect of the contributions by the Government, which includes any information supplied by the Government 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 the Government in relation to any matter associated with the contributions by the Government.

I bear the complete and sole responsibility for seeking appropriate financial advice in respect of my contributions and this issue is not a concern for, or the responsibility of, the Government.

Signature _____

Date _____

Please note that this form cannot be processed until you have signed the Member Declaration above and forwarded it to your payroll office for completion of the Payroll Declaration.

5. Payroll Declaration *(This section needs to be signed by your payroll office.)*

Upon the member signing and delivering this Agreement, the Government will commence making the deductions and contributions for salary sacrifice, as outlined in Salary Sacrifice Details (section 3).

Payroll salary sacrifice delegate signature _____

Date _____

Date faxed to Super SA _____

Payroll contact name _____

Fax _____

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

6. Super SA Approval *(Super SA use only)*

Name of delegated officer _____

Signature _____

Super ID _____

Date _____

Date faxed to payroll _____

7. Payroll Action *(Payroll use only)*

Date payroll actioned _____

Deductions commence PPE _____