

Police officers regular superannuation contributions



Super SA



Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed form to your employer/HR delegate via email. Complete this form if you wish to change your compulsory contributions or start, change or cancel any voluntary contributions.

To find out more visit supersa.sa.gov.au or call (08) 8214 7800

Client ID:



Applies to active Police Officers (including cadets) only. Members of the Police Pension Scheme must use the "Salary Sacrifice for superannuation form" available at supersa.sa.gov.au.

1. Personal details

Title						Date of birth											
						D	D	/	M	M	/	Y	Y	Y	Y		
Given Name(s)																	
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																	

2. Select your scheme

What scheme are your employer contributions currently being paid?

<input type="checkbox"/> Triple S	<input type="checkbox"/> Super SA Select	Do not tick this option unless you have made a Fund Selection to Super SA Select.
-----------------------------------	--	---

NOTE: Your compulsory and voluntary contributions can only be made to the scheme your employer contributions are being made.

*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 important account information from us.

Police officers regular superannuation contributions



Super SA



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

3. My compulsory contributions

Select your compulsory superannuation contributions

Police Officers

You may only select one of these options for your compulsory superannuation contributions.

- 5.3% before-tax (salary sacrifice)
- 4.5% after-tax
- Do not change my compulsory contribution.

Police Cadets or Fixed Term Contractors

As a cadet or Fixed Term Contractor, I am not required to make compulsory contributions. Police cadets are required to contribute when they graduate from the Police Academy.

Triple S members that are former Police Lump Sum

You may only select one of these options for your compulsory superannuation contributions.

- % before-tax (salary sacrifice)
- % after-tax
- Do not change my compulsory contribution.

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. Contact Super SA to confirm your required contribution rate.

Please complete section 4 or 5 if you wish to make any additional contributions to your superannuation.

Note - All options are a percentage of your superannuation salary, if you do not choose an option above then no change will be made to your compulsory contributions.

4. Start, change or cancel my voluntary salary sacrifice contributions

Note - This is in addition to the compulsory contributions listed in section 3.

! Important - Tax and limits

Triple S members

Although there is no limit to the amount of employer and 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.

Super SA Select members

If you direct contributions into a Super SA Select account, you have an annual concessional contributions cap that applies to all employer and salary sacrifice contributions. For more information refer to the relevant Reference Guide at supersa.sa.gov.au.

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

Amount of salary sacrifice contribution each fortnight \$

In words, please write out this amount in full:

OPTION B: Salary sacrifice a set % each fortnight

Percentage of earnings each fortnight as a salary sacrifice contribution %

In words, please write out this percentage in full:

OPTION C: Cancel my voluntary salary sacrifice arrangement. I no longer want to make voluntary salary sacrifice contributions.

Please ensure you account for all other deductions, including compulsory contributions, before submitting your request. You need to ensure that you do not elect to contribute an amount greater than your take home pay.

5. Start, change or cancel my voluntary after-tax contribution

Note - This is in addition to the compulsory contributions listed in section 3.

There is no limit on the maximum percentage of after-tax contributions that you can make. However, the percentage needs to be a whole percentage.

! Important - You can choose any percentage of after-tax contributions that you wish to make. However, your total after tax contributions must be a whole number when you combine section 5 with any compulsory contributions in section 3. After-tax contributions are based on a percentage of your salary before tax. For more information refer to the Triple S Reference Guide at supersa.sa.gov.au.

I elect to have % of my gross salary paid as after-tax contributions to my superannuation.

OR

Cancel my voluntary after-tax contributions to my superannuation.

Police officers regular superannuation contributions



Super SA



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

6. Employee Declaration

I declare that the statements above are true and correct and understand

- that the election will remain in force until I notify my employer in writing of any further changes.
- By signing this agreement, I am authorising my employer to contribute on my behalf into my nominated Superannuation scheme. These contributions will be deducted by my employer from either my after-tax or before-tax salary, depending on my instructions, for each relevant pay period.
- an administration fee of \$44 including GST is payable to my employer from my after-tax salary at the commencement of this agreement (salary sacrifice only) and that it is deducted from my first salary sacrifice contribution. I permit Payroll to deduct this amount from my salary. No administration fee applies in relation to after-tax contributions.
- if I wish to change the amount or percentage of my salary sacrifice contribution (if applicable) or if I change agencies, I will need to enter into a new Agreement at an additional cost of \$44.
- The salary sacrifice agreement (if applicable) is an arrangement between myself and my Employer.
- It is my responsibility to monitor whether my concessional and non-concessional contributions (employer contributions plus salary sacrifice contributions) exceed any caps that could apply to my scheme.
- the relevant Reference Guide is available on the Super SA website and am aware of any tax payable on exit. Contributions to Triple S will not count towards the First Home Super Saver (FHSS) Scheme.
- 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 after my preservation age, unless I die or become permanently disabled or terminally ill.
- By signing below, I will indemnify my employer and Triple S or Super SA Select 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 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.

Member to send the completed and signed form to their employer at SAPOLHROP@police.sa.gov.au

Signature

Date / /

Financial Advice Certification (Form 9)

I, the person named on the first page, 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.

7. Employer Declaration

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

⚠ Important - Super SA must approve any changes to Police Compulsory Contributions or any Triple S After Tax contributions before you complete this section. Approval can be obtained by emailing agency@sa.gov.au and attaching a copy of this form.

The employer agrees and acknowledges as follows (select 1):

- 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 from the next pay period in which the agreement is processed, as outlined in the Employee Declaration (section 4).
- On behalf of the employer, I hereby acknowledge and agree to terminate the salary sacrifice of superannuation by the employee listed on the first page of this form.

Employer salary sacrifice delegate information:

Name

Role

Employing agency

Phone

Email address

Signature

Date / /

Once this form is completed and signed by the member and employer the form is to be sent to: payrollcustomerserviceSAPOL@sa.gov.au

8. Payroll Action (Payroll use only)

Date payroll actioned / / Deductions commence PPE