

# Form > SA Ambulance Service Superannuation Scheme MAKING ADDITIONAL BEFORE-TAX SALARY SACRIFICE CONTRIBUTIONS

&gt; 1

**SUPER SA**  
contributing to your future

Please complete all the details on this form and forward it 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)

Employee no

**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 (for  
regional callers)

**Email**

supersa@sa.gov.au

**Website**

www.supersa.sa.gov.au

\*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.

## 2. Membership Type

- I am a standard contributory member  
 I am a non-contributory member

## 3. Additional Contributions

- I request the Service to deduct from my before-tax salary the additional amount of \_\_\_\_\_%<sup>1</sup> of my base superannuation salary or \$\_\_\_\_\_ per fortnight.

<sup>1</sup> This is in addition to the mandatory after-tax or before tax contribution.

OR

- I wish to cease salary sacrifice voluntary contributions

## 4. Member Checklist

- I understand that all requests made under section 3 are subject to the Scheme's approval and will only take effect as soon as is practicable after such approval is given.
- I understand that this is a voluntary before-tax contribution in addition to my mandatory before-tax or after-tax contribution rate (if applicable).
- I have read and understand the salary sacrifice information in the Product Disclosure Statement.
- I understand that I cannot receive these additional super contributions and the investment earnings until I cease employment with the Service and satisfy legislative requirements.
- The Scheme reserves the right to cease my salary sacrifice voluntary contributions at any time.
- This form supercedes any previous arrangement relating to the super and cash components of my salary package.

## 4. Member Declaration

I certify that the information I have provided on this page is true and correct.

Signature **X**

Date

**OFFICE USE ONLY**

Pay date for commencement/cessation  
(please circle) of additional contributions:

Date

Signature of Authorising Officer

Date