

ELECTION TO MAINTAIN CONTRIBUTIONS

FOLLOWING A REDUCTION IN SUBSTANTIVE SALARY



SUPER SA
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

1. Personal Details

Super ID

□ □ □ □ □ □ □ □

Mr Ms Miss Mrs Dr Prof

Surname _____

Given name(s) _____

Address _____

Postcode _____ Date of birth / / _____

Email* _____

Telephone* (W) _____

(H) _____

(M) _____

Name of agency _____

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.

Checklist

Please remember that before Super SA is able to process your request you need to complete all sections on this form.

- I have completed my personal details (section 1).
- I have signed the Member Declaration (section 2).
- My payroll office has completed the Salary Certificate (sections 3 and 4).

2. Member Declaration

I hereby elect under Section 4(4)b of the *Superannuation Act 1988* to continue to pay contributions to the Scheme based on my pre-reduction salary.

Signature _____ Date _____

3. Salary Certificate

To be completed by your payroll section

Agency code _____

Date of reduction in substantive salary _____

Was the salary reduction due to misconduct? Yes No

Substantive salary and classification prior to reduction

Full-time equivalent salary \$ _____ per fortnight

Job classification _____

Superannuable allowances _____

Full-time or Part-time

Part-time salary if applicable \$ _____

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Please complete all the details on this form in **BLOCK LETTERS** and return the signed original to Super SA.

Current salary and classification

31 March 20

Full-time equivalent salary \$

per fortnight

Job classification

Superannuable allowances

Full-time or Part-time

Part-time salary if applicable \$

4. Certification by authorised officer

I certify that this information is correct.

Signature of Authorised Officer

Name of Authorised Officer (please print)

Position

Date / /