

Form > SA Ambulance Service Superannuation Scheme SPOUSE CONTRIBUTION AUTHORITY

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**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)

Address

Postcode

Date of birth / /

Email*

Telephone* (W)

(H)

(M)

Employee no

Your spouse's name Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

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.

When you have completed this form, please forward it directly to your Pay Office.

2. Spouse Contribution Details

Please tick the appropriate box below and insert the required amount (if appropriate).

- I authorise the SA Ambulance Service to deduct after-tax an amount equal to _____% of my base superannuation salary, or \$_____. These contributions will be forwarded to Super SA and credited to my spouse's account.
- I authorise the SA Ambulance Service to cease deducting after-tax super contributions, which have been credited to my spouse's account, from my future pay.

3. Member Authority

Please read the following information and tick the boxes below.

- I understand that all requests made under section 2 are subject to my employer's approval and will only take effect as soon as is practicable after such approval is given.
- I understand that I cannot access these voluntary super contributions and any investment earnings.
- I understand that my spouse cannot receive these super contributions and any interest thereon until I cease employment with my employer and he/she satisfies legislative requirements.
- I understand that if my employer approves my request, it will replace any previous instructions that I provided in relation to the deduction of after-tax super contributions for the benefit of my spouse.
- I understand that information on this form will be handled by my employer to process my contribution choice. It may be disclosed to the Scheme's administrator and other parties as required, including the Trustee of any other scheme to which I may transfer.
- I agree to this disclosure of my personal information.
- I understand that if I do not provide this information to my employer, my contribution choice will not be implemented.
- I understand that I may access my information by contacting Super SA.

4. Member Declaration

I have read and understood all the information on this form and certify that the information I have provided is true and correct.

Signature:

Date: _____