

Voluntary Superannuation Contribution / Salary Sacrifice Form



Please complete and send to benefits@flinders.edu.au Any enquires, email benefits@flinders.edu.au or phone 8201 3888.

Section A		Personal Details				
Title	Mr	Mrs	Ms	Dr	Professor	Other
Given name						
Surname						
Date of birth (dd-mm-yyyy)				Payroll No		

Section B Superannuation Fund

I want my superannuation contributions pay to my Unisuper account (Complete Section C)

I want my superannuation contributions pay to Another fund (Complete Section D)

Fund Name		Product Name	
Fund ABN No.		Unique Super Identifier (USI)	
Fund Address			
Account Name		Membership number	

I want my superannuation contributions pay to a Self-managed fund(Complete Section D)

Fund Name		Product Name	
Fund ABN No.		Unique Super Identifier (USI)	
Fund Address		Fund ESA (if Self-managed)	
Membership number		BSB	
Account Name		Account Number	

Section C UniSuper Superannuation Contributions

Change Standard Member Contribution Type – Defined Benefit Division or Accumulation 2

Change to Pre-Tax

Change to After-Tax

Pre-Tax Voluntary Contributions

Commence

Change

Cancel

Contribution Effective Date (dd-mm-yyyy)		Contribution End Date* (dd-mm-yyyy)	
Fixed term/Continuing employee	Contribution Amount	\$	Per Pay Period
or	Contribution Percentage	%	Per Pay Period
Casual employee	Contribution Percentage	%	Per Pay Period

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After-Tax Voluntary Contributions

Commence Change Cancel

Contribution Effective Date (dd-mm-yyyy) Contribution End Date* (dd-mm-yyyy)

Fixed term/Continuing employee Contribution Amount \$ Per Pay Period
 or Contribution Percentage % Per Pay Period

Casual employee Contribution Percentage % Per Pay Period

*If the "Contribution end date" field is left blank, these contributions will be maintained until new instructions are provided.

Section D Superannuation Contributions to Another Super Fund or Self-managed Fund

Pre-Tax Voluntary Contributions

Commence Change Cancel

Contribution Effective Date (dd-mm-yyyy) Contribution End Date* (dd-mm-yyyy)

Fixed term/Continuing employee Contribution Amount \$ Per Pay Period
 or Contribution Percentage % Per Pay Period

Casual employee Contribution Percentage % Per Pay Period

*If the "Contribution end date" field is left blank, these contributions will be maintained until new instructions are provided.

After-Tax Voluntary Contributions

Commence Change Cancel

Contribution Effective Date (dd-mm-yyyy) Contribution End Date* (dd-mm-yyyy)

Fixed term/Continuing employee Contribution Amount \$ Per Pay Period
 or Contribution Percentage % Per Pay Period

Casual employee Contribution Percentage % Per Pay Period

*If the "Contribution end date" field is left blank, these contributions will be maintained until new instructions are provided.

Section E Signatures

I have read, understood and agree to [Flinders University Salary Sacrifice Terms and Conditions](#)

Employee Digital Signature*: Date:

* Digital Signature Information	Office Use Only:	Digital Signature*:	Date:
	Payroll Administrator:	<input type="text"/>	<input type="text"/>
	Payroll Approver:	<input type="text"/>	<input type="text"/>