

**Superannuation Additional Contributions Form**

**Conditions**

* This form is to be used by Staff Members to **commence, amend** or **cease** making **additional superannuation contributions**.
* For **salary sacrifice additional contributions,** the effective date will commence in the month of the first pay period following receipt of this form by P&D. ***(That is, for an additional contribution to take effect in the August pay period, this form must be signed, dated and provided to P&D by no later than July 31.)***
* Additional superannuation contribution amounts are administered in the relevant pay period and paid to the Staff Member’s selected Superannuation Fund via the POF Group’s nominated “Clearing House”. As a result, additional superannuation contribution amounts arrive in superannuation funds, usually no later than 28th of the month following the pay period.

1. **Staff Member Details**

Name:       Date:

1. **Additional Contribution Details**

I wish to **commence** making additional superannuation contributions

The additional amount of my Base Salary that I wish to contribute is: **$      per month**

**OR**

I wish to **amend** my current additional superannuation contributions

The amount of my Base Salary that I now wish to contribute is: **$      per month**

**OR**

I wish to **cease** my additional superannuation contributions. **(Go to No. 5)**

1. **Salary Sacrifice**

I request that the additional superannuation contribution amount be made as a   
**Salary Sacrifice** (pre-tax) contribution.

**OR**

I request that the additional superannuation contribution amount be made from my   
**Net Salary** (post-tax) contribution.

1. **Superannuation Fund Details**

Please direct my additional superannuation contribution to be paid into my primary nominated superannuation fund.

Name of Superannuation Fund:

**OR**

Please direct my additional superannuation contribution to be paid into an alternative superannuation fund.

Name of Superannuation Fund:

**OR**

Please direct my additional superannuation contribution to be paid in the amounts indicated below to the following superannuation funds:

Superannuation Fund: Amount**: $**

Superannuation Fund: Amount**: $**

**I attach appropriate documentation with full details of my alternative superannuation fund(s).**

1. **Compulsory Superannuation Contribution**

**I understand that POF will continue to make compulsory superannuation contributions in accordance with the Superannuation Guarantee (Administration) Act 1992 (Cth), at the current rate of 10.5% of my Base Salary**

1. **Understanding and Agreement**

I understand and accept the details and arrangements regarding my superannuation contributions as set out above.

Staff Member Signature: Date:

**P&D Action:**

**Date Received:**  **Date Effective:**

**Payroll Advised:**  **Accounts Advised:**

**P&D Signature:**  **Date:**