



can live a fulfilling life

Call 02 6230 6999

301 Griffin Centre, 20 Genge Street Civic ACT 2601

enquiries: www.everyman.org.au/contact-us

GPO Box 1753 Canberra 2601

abn: 54 979 533 031

VOLUNTARY SUPERANNUATION CONTRIBUTION FORM

SECTION 1 - YOUR PERSONAL DETAILS

Employee Number: _____

Surname: _____ First Name: _____

Address: _____

SECTION 2 - CONTRIBUTION OPTIONS

You may choose to commence, change or cancel your voluntary contribution options through salary sacrifice.

Which of the following would you like to do? (Select one box only.)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Commence regular voluntary contributions through salary sacrifice. (Go to Section 3) |
| <input type="checkbox"/> | Change my existing voluntary contributions through salary sacrifice. (Go to Section 3) |
| <input type="checkbox"/> | Cancel my existing voluntary contributions through salary sacrifice. (Go to Section 4) |

SECTION 3 – COMMENCE OR CHANGE CONTRIBUTIONS THROUGH SALARY SACRIFICE

How much would you like to contribute via pre-tax contribution (salary sacrifice)?

Please select from the options below for your salary sacrifice contribution. **Please note that should you elect to defer a specific dollar amount per pay period (versus a % of compensation) that the compensation deferred through Salary Sacrifice cannot exceed 100% of the compensation paid per each pay period in each category.**

If this is a change to your existing contribution, please indicate the new contribution you wish to make.

| | |
|--|---|
| | I wish to contribute ____% of my gross salary OR \$ _____per pay period*. |
|--|---|

SECTION 4 – CANCEL CONTRIBUTIONS VIA PAYROLL DEDUCTION

| | |
|--|--|
| | I wish to cancel my existing voluntary contributions through salary sacrifice. |
|--|--|

Please send the completed form to the **Finance Team allowing 2 business days notice.**

SECTION 5 –DECLARATION

I authorise EveryMan Australia Ltd. to deduct my contributions as shown above from my pay each pay period and remit them to my superannuation plan.

I acknowledge that it is my obligation to ensure any salary sacrificing arrangements do not breach the Concessional Contributions Cap as determined by the Australian Taxation Office as at the date of this request.

Any breach of this cap will result in individuals having to pay an excessive tax to the [Australian Taxation Office](#), which is levied at your marginal (average) rate of tax.

Signature: _____ Date: __/__/__

Authorisation: _____ Date: __/__/__

For additional information regarding Salary Sacrificing Superannuation, please visit the ATO website. The web address is www.ato.gov.au/super . We recommend that you contact your financial planner or superannuation fund to discuss your personal circumstances before entering into a salary sacrifice arrangement.