



SUPERANNUATION SALARY SACRIFICE AMENDMENT

I would like to amend my current salary sacrifice contributions for the following benefit(s).
(Please refer to the relevant salary sacrifice information packages.)

- UniSuper Defined Benefit Division / Accumulation 2 Division (compulsory contributions)**
- UniSuper Accumulation Division Additional Voluntary Contributions**
- Private Company Fund** (Please specify fund) _____
- Self Managed Super Fund** (Please specify fund) _____

Please tick (✓) the appropriate boxes

I authorise that salary sacrifice contributions:

- Increase to \$ _____ per pay
- Decrease to \$ _____ per pay
- Cease
- Cease and commence as a post-tax contribution

I accept that by electing to make pre-tax contributions as part of this salary sacrifice arrangement my wages may be less than provided for under applicable industrial instruments and where this occurs, I accept that the University will have no liability in respect of that shortfall.

Please complete and forward this agreement to:

The Superannuation Officer
Human Resources Unit
Level 3
101 Currie Street
City West
Fax: 21812

(Signed) _____ **Date** _____

Full Name _____ **Employee ID No.** _____

Central Payroll Office Use Only		
Item Code	Start Date/...../...../...../..... Entered By
Admin Fee	Super Add Screen Entered/...../..... Checked By