



# SUPERANNUATION SALARY SACRIFICE AMENDMENT

I would like to amend my current salary sacrifice contributions for the following benefit(s).

Please tick (✓) the appropriate boxes

- UniSuper (8.25% contributions)**
- UniSuper Additional Voluntary Contributions**
- Super SA Triple S Scheme Voluntary Contributions**
- Private or Self Managed Fund** (Please specify fund) \_\_\_\_\_

I authorise that salary sacrifice contributions:

- Increase to \_\_\_\_\_ per pay (please nominate total \$ or % to be deducted)
- Decrease to \_\_\_\_\_ per pay (please nominate total \$ or % to be deducted)
- Cease (Voluntary Contributions only)
- 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:

Superannuation  
Human Resources Unit  
101 Currie Street  
City West  
Fax: 21812

**(Signed)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Employee ID No.** \_\_\_\_\_

**Office Use Only**

Pay Period Start Date \_\_\_\_\_ Date Entered \_\_\_\_\_

Deduction Code \_\_\_\_\_ Administration Fee Amended \_\_\_\_\_

Superannuation Officer \_\_\_\_\_ Checked by \_\_\_\_\_