

Salary Sacrifice External / Private Superannuation Contribution



INFORMATION

1. Click the link for further information on [Digital Signatures*](#)
2. Please complete and send to benefits@flinders.edu.au
3. Any enquiries, email benefits@flinders.edu.au or phone 8201

1. PERSONAL DETAILS

Name:

Payroll No:

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2. EXTERNAL / PRIVATE FUND DETAILS

I request Fortnightly Super Contributions of to be paid to the following:

External Superannuation Fund

Private Superannuation Fund

Name of External / Private Fund:

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Account Name within Fund:

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Fund ESA: *(Private Fund Only)*

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Fund A/C Identification No: *(External Fund Only)*

Unique Super Identifier USI: *(External Fund Only)*

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Super Fund ABN Number:

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3. EXTERNAL / PRIVATE FUND BANK DETAILS

Bank Name:

Bank Branch:

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BSB Number:

Account Number:

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Note: Fortnightly payments will be made direct to the Super Fund via a clearing house. Sacrificed payments to Superannuation Funds are not subject to Fringe Benefits Tax (FBT).

4. ACKNOWLEDGEMENT / DECLARATION

I acknowledge the following:

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

The following declaration is for Private Super Funds Only:

Funds with 5 or more members requires a written statement from the Trustee stating that the fund is a resident regulated superannuation fund.

Funds with less than 5 members requires a copy of documentation from the Australian Taxation Office confirming the fund is regulated, and a copy of the Australian Business Register for the fund.

Employee Digital Signature*:

Date:

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[*Digital Signature Information](#)

Office Use Only:	Digital Signature*:	Date:
Payroll Administrator:		
Payroll Approver:		