

Salary Sacrifice UniSuper 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 3888

1. PERSONAL DETAILS

Name:

Payroll No:

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2. UNISUPER CONTRIBUTIONS

Standard Member Contribution

Change to Pre - Tax

Change to After - Tax

Voluntary Contributions – Pre Tax

Commence

Change

Cancel

Contribution Effective Date:

Contribution End Date*:

* If the "contribution end date" field is left blank, these contributions will be maintained until new instructions are provided.

Contribution Amount:

 Per Pay Period

OR

 % Per Pay Period

Voluntary Contributions – After Tax

Commence

Change

Cancel

Contribution Effective Date:

Contribution End Date*:

* If the "contribution end date" field is left blank, these contributions will be maintained until new instructions are provided.

Contribution Amount:

 Per Pay Period

OR

 % Per Pay Period

3. EMPLOYEE SIGNATURE

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

Employee Digital Signature*:

Date:

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[*Digital Signature Information](#)

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