

# Voluntary Superannuation Contribution / Salary Sacrifice Form



Please complete and send to [benefits@flinders.edu.au](mailto:benefits@flinders.edu.au) Any enquires, email [benefits@flinders.edu.au](mailto:benefits@flinders.edu.au) or phone 8201 3888.

Section A		Personal Details				
Title	Mr	Mrs	Ms	Dr	Professor	Other
Given name						
Surname						
Date of birth (dd-mm-yyyy)				Payroll No		

Section B	Superannuation Fund
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**I want my superannuation contributions pay to my Unisuper account (Complete Section C)**

**I want my superannuation contributions pay to Another fund (Complete Section D)**

Fund Name		Product Name	
Fund ABN No.		Unique Super Identifier (USI)	
Fund Address			
Account Name		Membership number	

**I want my superannuation contributions pay to a Self-managed fund(Complete Section D)**

Fund Name		Product Name	
Fund ABN No.		Unique Super Identifier (USI)	
Fund Address		Fund ESA (if Self-managed)	
Membership number		BSB	
Account Name		Account Number	

Section C	UniSuper Superannuation Contributions
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**Change Standard Member Contribution Type – Defined Benefit Division or Accumulation 2**

Change to Pre-Tax

Change to After-Tax

**Pre-Tax Voluntary Contributions**

Commence

Change

Cancel

Contribution Effective Date (dd-mm-yyyy)		Contribution End Date* (dd-mm-yyyy)	
Fixed term/Continuing employee	Contribution Amount	\$	Per Pay Period
or	Contribution Percentage	%	Per Pay Period
Casual employee	Contribution Percentage	%	Per Pay Period

# Voluntary Superannuation Contribution / Salary Sacrifice Form



## After-Tax Voluntary Contributions

Commence

Change

Cancel

Contribution Effective Date (dd-mm-yyyy)

Contribution End Date\* (dd-mm-yyyy)

Fixed term/Continuing employee

Contribution Amount

\$

Per Pay Period

or

Contribution Percentage

%

Per Pay Period

Casual employee

Contribution Percentage

%

Per Pay Period

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

## Section D

## Superannuation Contributions to Another Super Fund or Self-managed Fund

### Pre-Tax Voluntary Contributions

Commence

Change

Cancel

Contribution Effective Date (dd-mm-yyyy)

Contribution End Date\* (dd-mm-yyyy)

Fixed term/Continuing employee

Contribution Amount

\$

Per Pay Period

or

Contribution Percentage

%

Per Pay Period

Casual employee

Contribution Percentage

%

Per Pay Period

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

### After-Tax Voluntary Contributions

Commence

Change

Cancel

Contribution Effective Date (dd-mm-yyyy)

Contribution End Date\* (dd-mm-yyyy)

Fixed term/Continuing employee

Contribution Amount

\$

Per Pay Period

or

Contribution Percentage

%

Per Pay Period

Casual employee

Contribution Percentage

%

Per Pay Period

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

## Section E

## Signatures

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

Employee Digital Signature\*:

Date:

[\\*Digital Signature Information](#)

Office Use Only:

Digital Signature\*:

Date:

Payroll Administrator:

Payroll Approver: