

Additional Super Contributions Form

Use this form to salary package additional contributions to your super fund. For more information we recommend you speak to an independent financial advisor.

1. Your Details *(Please confirm who you are and where you work):*

Organisation Name: Payroll No:

Full Name: Unique ID:

Your Gross Annual Salary:

2. Additional Contribution Amount:

Please nominate the amount you would like to salary package as additional super contributions. You must provide documented evidence of your membership with the nominated super fund.

I authorise SalaryPackagingPLUS to salary package the sum of:

\$ _____ per pay period into the super fund described below.

I have checked that my employer and my super fund allows additional super contributions through SalaryPackagingPLUS.

3. Where You Want Additional Contributions Paid To:

Please complete either option A or B:

A: Super Fund

Super Fund Name	Your Membership Number	USI Number <i>(obtained from your super fund)</i>

OR

B: Private or Self-Managed Super Fund

Account Name	Bank	BSB	Account Number	Transaction Reference Number

My employer permits additional superannuation contributions to private/self-managed super funds.

I have attached a letter of compliance for my private/self-managed fund.

4. Declaration

- I have attached all evidence required to substantiate my above request.

Signature: Date: / /