

Superannuation Contributions Authority Form



INSTRUCTIONS

- Where possible, please complete using Adobe Acrobat reader and sign digitally in the signature field. Once signed, the form can no longer be edited
- Please do not save this file locally, as this form is subject to change.

PERSONAL DETAILS

Given Name/s:	Surname:
Employee Number:	Position Title:

I note that the University recommends that employees seek independent financial advice regarding superannuation. Having considered the University's recommendation, I submit the following request for my superannuation arrangements.

The University is required to report on the employee's ATO Payment Summary all contributions to superannuation made by the employee under a salary sacrifice arrangement. Please see link to the ATO website for full details www.ato.gov.au – Search for reportable employer super contributions.

Further, salary sacrifice does not reduce a liability for HELP or SFSS. You may wish to increase your tax deduction to offset this. Please see link to the ATO website for full details www.ato.gov.au – Search for Withholding Declaration

MEMBER CONTRIBUTIONS

Please pay my member contribution

- If you are in receipt of SG contributions, the above does not apply

VOLUNTARY ADDITIONAL CONTRIBUTIONS

I would like to _____ a voluntary contribution arrangement.

Pre-tax contributions	<input type="text"/>	per fortnight	<input checked="" type="radio"/>	<input type="radio"/>	} until further notice
			\$	%	
Post-tax contributions	<input type="text"/>	per fortnight	<input type="radio"/>	<input type="radio"/>	} until <input type="text"/>
			\$	%	
					dd/mm/yyyy

Employee Signature:

Signature of Employee:		Date:	
		dd/mm/yyyy	

Email the completed form to: super@uq.edu.au

OR

Remuneration and Benefits Staff to complete

Entered by:	Checked by: