

## SALARY SACRIFICE TO SUPER AUTHORITY FORM

SALARY SACRIFICE TO SUPER AUTHORITY FORM (OPTIONAL)	
<b>Personal Details</b>	
First name:	Surname:
I wish to salary sacrifice the following amount from my gross (before tax) earnings to my current superannuation fund as previously nominated with Qscan.*	
Amount (Per Fortnight)	
* You should seek independent professional financial advice regarding Salary Sacrifice contributions.	
<b>Declaration by employee</b>	
I hereby certify that I have obtained independent professional financial advice in relation to Salary Sacrifice election or I have not obtained financial advice but I fully understand the implications of my election. I understand that:	
<ul style="list-style-type: none"> <li>As an effective Salary Sacrifice arrangement, my nomination for salary sacrifice may not take effect until the next business day after the date signed.</li> <li>Salary Sacrifice contributions are treated as employer contributions and attract the contributions tax on entry to the fund.</li> </ul>	
Employee Signature	Date

PAYROLL PROCESSING ONLY	
Payroll Officer	
Signature	Date