

Salary Sacrifice for Superannuation

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed form to your employer/HR delegate via email.

! Not for Operational SA Ambulance employees and Police Officers
Unless you are a member of the **Police Pension Scheme** or **SA Ambulance Service Superannuation Scheme**.

Your salary sacrifice arrangement exists between **you** and **your employer** and is facilitated by **Shared Services/Payroll**.

1. Personal details

Title	Given name(s)
Family name	
Employer (<i>employer may be identified by checking payslip</i>)	
Employee number(s)	
Employee email address (<i>Please provide your email address to enable payroll to contact you if required in relation to the processing of this form</i>)	

Salary Sacrifice Process

Employee

- Completes the Salary Sacrifice form.
- Email the completed form to employer/HR delegate (if unsure ask your immediate Manager).

Employer/HR delegate

- Completes Section 5 - Employer Declaration on page 4.
- Gives the completed form to agency's Payroll.
- If member is an Executive, update their contract's remuneration schedule where applicable. While it is usually Schedule 2, there may be variations throughout the sector.

Shared Services/Payroll

- Actions the completed form and adjusts member's salary arrangements as per instructions.

Contact Information

Application process:

Queries about the application process should be directed to your HR/Salary Sacrifice delegate.

Application progress:

Please allow Shared Services 10 working days to set up, cancel or change a salary sacrifice arrangement.

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2. Confirm the scheme your Salary Sacrifice payments will be directed to. (before tax contributions)

Salary sacrifice contributions must be made to one of the following:

- **Triple S (default fund)** – where no fund selection has been made OR
- **Your selected fund** – where a fund selection has been made (including Super SA Select)

Triple S

⚠ Tax and limits Although there is no annual limit to the amount of salary sacrifice contributions you can make to your Triple S account, there is a limit to the amount that will be taxed concessionally on exit. For more information refer to the Triple S Reference Guide at supersa.sa.gov.au.

For Lump Sum, Pension Scheme, Police Pension Scheme and SA Ambulance Service Superannuation Scheme members: you hereby elect to become a "salary sacrifice only" member of Triple S in accordance with the Southern State Superannuation Act 2009* and Regulations.

**Members of other eligible government schemes may be able to salary sacrifice into Triple S, for more information contact Super SA.*

Super SA Select

⚠ Tax and limits If you have a Super SA Select account, you have an annual concessional contributions cap that applies, which includes all employer and salary sacrifice contributions. For more information refer to the Super SA Select Reference Guide at supersa.sa.gov.au.

Other Complying Funds including Retirement Savings Account (RSA), or Self Managed Super Fund (SMSF).

Name of Fund (as per your fund selection notice)

⚠ Tax and limits If you have a regulated fund, RSA account, or SMSF you have an annual concessional contributions cap that applies, this includes all employer and salary sacrifice contributions. For more information contact your fund.

Contributions to Triple S will **not** count towards the First Home Super Saver (FHSS) Scheme. All contributions to an untaxed fund are specifically excluded under the Commonwealth rules.

3. Start, change or cancel my salary sacrifice contribution rate

OPTION A: Salary sacrifice a set \$ dollar amount each pay period

Amount of salary sacrifice contribution each pay period \$

In words, please write out this amount in full:

OPTION B: Salary sacrifice a set % of salary each pay period

Percentage of salary each pay period as a salary sacrifice contribution %

In words, please write out this percentage in full:

OPTION C: Cancel my current salary sacrifice arrangement. I no longer want to make salary sacrifice contributions.

⚠ Important - This will replace any current salary sacrifice agreements in place with your Employer for Superannuation.

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4. Employee Declaration

I understand that:

- The election will remain in force until I notify my employer in writing of any further changes.
- By signing this agreement, I am authorising my employer to contribute on my behalf into my nominated Superannuation scheme. These contributions will be deducted by my employer from my before-tax salary for each relevant pay period.
- The salary sacrifice is an arrangement between myself and my employer and will only apply to future salary.
- It is my responsibility to monitor whether my concessional contributions (employer contributions plus salary sacrifice contributions) exceed any caps that are applicable to my superannuation fund.
- I have read the Product Disclosure Statement applicable to my superannuation fund and am aware of any taxation impacts.
- My employer is not liable, either directly or indirectly, in respect of any matter concerning my contributions, unless such liability cannot be abrogated by statute.
- Contributions to Triple S will not count towards the First Home Super Saver (FHSS) Scheme.
- By signing below, I will indemnify my employer from and against:
 - any income tax or any other taxation liability whatsoever (including any administrative penalty, fine or other amount) that may become payable pursuant to any relevant taxation legislation and rulings, and
 - any other liability whatsoever not otherwise described above, in respect of the contributions by my employer, which includes any information supplied by my employer including but not limited to any estimate of total annual earnings and the amount of the contributions and any matter not otherwise described herein, and
 - all charges, costs, damages, disbursements, fees, losses suffered or incurred by my employer in relation to any matter associated with the contributions by my employer.


Other government scheme members who are joining Triple S as salary sacrifice only members

I further understand that:

- This form represents a written notice to the Super SA Board to become a member of Triple S
- By joining Triple S I will only accrue entitlements relating to salary sacrifice contributions and that I will not be entitled to:
 - contribute to Triple S from my after-tax salary via payroll
 - any additional employer contributions.
- The Triple S Product Disclosure Statement is available on the Super SA website and I am aware of the tax consequences of making salary sacrifice contributions.
- If you are a member of the Lump Sum Scheme, Pension Scheme or Police Pension Scheme, to maximise your final entitlement, you need to ensure that you continue making after-tax contributions to that scheme at your standard rate. The standard rate for the Super SA Lump Sum Scheme is 6%, for the Super SA Pension Scheme between 5-7% and for the Police Pension Scheme between 5-6%.
- If you are a member of the SA Ambulance Service Superannuation Scheme, to maximise your final entitlement you need to continue making after-tax or salary sacrifice contributions to the scheme as required by the Trust Deed and Rules.

Financial Advice Certification

I, the person named on the first page, hereby acknowledge that any financial advice required to inform or support my decision to salary sacrifice is solely my responsibility and any such advice must be obtained independently from my employer or my selected nominee.

Signature 

A physical signature is recommended, however you can check with your employer if they accept alternatives.

Date / /

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5. Employer Declaration

This section needs to be signed by your employer's salary sacrifice delegate

The employer agrees and acknowledges as follows (select 1):

- That upon the employee signing and delivering this Agreement to the employer, the employer will commence making the deductions and contributions for salary sacrifice from the next pay period in which the agreement is processed, as outlined in the Employee Declaration (section 4).
- On behalf of the employer, I hereby acknowledge and agree to terminate the salary sacrifice of superannuation by the employee listed on the first page of this form.

Employer salary sacrifice delegate information:

Name

Role

Employing agency

Phone

Email address

Signature 



Date / /

6. Payroll Action (Payroll use only)

Date payroll actioned
 / /

Deductions established pay period commencing
 / /

Contact us

-  **EMAIL** supersa@sa.gov.au, or
-  **POST** GPO Box 48, Adelaide SA 5001

-  **WEBSITE** supersa.sa.gov.au
-  **PHONE** (08) 8214 7800
-  **MEMBER CENTRE (APPOINTMENT PREFERRED)** 151 Pirie St Adelaide SA 5000