Police officers regular superannuation contributions



Do not tick this option unless you have

made a Fund Selection to Super SA Select.



Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed form to your employer/HR delegate via email. Complete this form if you wish to change your compulsory contributions or start, change or cancel any voluntary contributions.

To find out more visit supersa.sa.gov.au or call (08) 8214 7800

Client ID:

Triple S

. Personal details			
Fitle		Date of birth	
		D D / M M	/ Y Y Y Y
Given Name(s)			
amily Name			
Email address*			
Nobile phone*	Work phone	Home phone	
treet address			
Suburb		State	Postcode
Postal address (if different from above)			
Suburb		State	Postcode
suburb		State	Postcode
Employee number			

NOTE: Your compulsory and voluntary contributions can only be made to the scheme your employer contributions are being made to.

Super SA Select

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^{*}By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive important account information from us.

Police officers regular superannuation contributions





u may only select one of these options for your compulsory perannuation contributions.	Triple S members that are former Police Lump Sum You may only select one of these options for your compulsory superannuation contributions.		
5.3% before-tax (salary sacrifice)	1. % before-tax (salary sacrifice)		
4.5% after-tax	2. % after-tax		
Do not change my compulsory contribution.	3. Do not change my compulsory contribution.		
Police Cadets or Fixed Term Contractors a cadet or Fixed Term Contractor, I am not required to make compulsory tributions. Police cadets are required to contribute when they graduate from Police Academy.	Former Police Lump Sum Scheme members will forego their entitlement to a Guaranteed Minimum Retirement Benefit if they reduce their after-tax contributior rate below their Lump Sum standard rate or do not make the nominated beforetax (salary sacrifice) contributions at their required rate. Contact Super SA to confirm your required contribution rate.		
ase complete section 4 or 5 if you wish to make any additional con	tributions to your superannuation. u do not choose an option above then no change will be made to your		
Important - Tax and limits ple S members though there is no limit to the amount of employer and salary crifice contributions you make to your Triple S account, there is imit to the amount that will be taxed concessionally on exit. r more information refer to the Triple S Reference Guide at persa.sa.gov.au.	Super SA Select members If you direct contributions into a Super SA Select account, you have an annual concessional contributions cap that applies to all employer and salary sacrifice contributions. For more information refer to the relevant Reference Guide at supersa.sa.gov.au.		
OPTION A: Salary sacrifice a set \$ dollar amount each fortnight	OPTION B: Salary sacrifice a set % each fortnight		
ount of salary sacrifice contribution h fortnight	Percentage of earnings each fortnight as a salary sacrifice contribution		
words, please write out this amount in full:	In words, please write out this percentage in full:		
OPTION C: Cancel my voluntary salary sacrifice arrangement. I no			
	y contributions, before submitting your request. You need to ensure tha		

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% of my gross salary paid as after-tax contributions to my superannuation.

I elect to have

Cancel my voluntary after-tax contributions to my superannuation.

OR

Police officers regular superannuation contributions





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

6. Employee Declaration

I declare that the statements above are true and correct and 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 either my after-tax or before-tax salary, depending on my instructions, for each relevant pay period.
- The salary sacrifice agreement (if applicable) is an arrangement between myself and my Employer and can only apply to future salary.
- It is my responsibility to monitor whether my concessional and non-concessional contributions (employer contributions plus salary sacrifice contributions) exceed any caps that could apply to me.
- the relevant Reference Guide is available on the Super SA website and am aware of any tax payable. Contributions to Triple S will not count towards the First Home Super Saver (FHSS) Scheme.
- Any concessional contributions made to Triple S will be counted towards my concessional contributions cap where I am also receiving concessional contributions in a taxed super fund.
 Even though I cannot exceed this cap as a result of concessional contributions made to Triple S, any additional concessional contributions to a taxed fund could result in me exceeding the cap. I acknowledge that I can find more information about tax in the Triple S Product Disclosure Statement and on the ATO website.

- If I elect to make contributions via a salary sacrifice arrangement these contributions are preserved until I retire after my preservation age, unless I die or become permanently disabled or terminally ill.
- By signing below, I will indemnify my employer 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.

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.

Member to send the completed and signed form to their employer at SAPOLHROP@police.sa.gov.au

Signature Date D D / M M / Y Y Y

7. Employer Declaration This section needs to be signed by your employer's salary sacrifice delegate (! Important - Super SA must approve any changes to Police Compulsory Contributions or any Triple S After Tax contributions before you complete this section. Approval can be obtained by emailing agency@sa.gov.au and attaching a copy of this form.						
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 6).						
On behalf of the employer, I hereby acknowledge and agree to terminate the sa on the first page of this form.	lary sacrifice of superannuation by the employee listed					
Employer salary sacrifice delegate information:						
Name						
Role						
Email address						
Phone						
Signature ×	Date D D / M M / Y Y Y					

Once this form is completed and signed by the member and employer the form is to be sent to: payrollcustomerserviceSAPOL@sa.gov.au

8. Payroll Ac	tion (Payroll use only)		
Date payroll actioned	D D / M M / Y Y Y	Deductions commence PPE	

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