

APPLICATION FOR PURCHASED LEAVE

**SUPER SA**
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

1. Personal Details

Super ID Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Address

Postcode

Date of birth / /

Email*

Telephone* (W)

(H)

(M)

Name of agency

Employee no

Contact us**Address**Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)**Postal**

GPO Box 48, Adelaide, SA 5001

Call

(08) 8207 2094 or 1300 369 315 (for regional callers)

Email

supersa@sa.gov.au

Website

www.supersa.sa.gov.au

* 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 contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

2. Details of Purchased Leave

Purchased Leave agreement period from _____ to _____

Dates of actual Purchased Leave (ie time not at work).
(If more than one period, please provide all dates)

As an active member of the Lump Sum Scheme, you will be reducing your future superannuation entitlements when you begin a Purchased Leave agreement. Further information is available by accessing the *Superannuation and Purchased Leave* fact sheet on www.supersa.sa.gov.au.

3. Member Declaration

I understand that entering into a Purchased Leave agreement will reduce my future superannuation entitlements.

Signature**Date** / /

4. Fortnightly Salary Details

(to be completed by Pay Office)

	Full-time	Part-time (if applicable)
Salary before Purchased Leave deductions	\$	\$
Amount Purchased Leave deduction	\$	\$
Salary after Purchased Leave deductions	\$	\$

5. Certification (by authorised officer)

We certify that the particulars shown above are true and correct.

Name of Authorised Officer

Signature

Countersigned by

Signature

Contact telephone

Date