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| **SALARY PACKAGING:SUPERANNUATION APPLICATION FORM**  |

**PLEASE COMPLETE AND FORWARD TO:** Human Resources Branch, Division of University Operations

This form is to be used by fixed-term or continuing staff to apply for salary packaging of superannuation.

If you need help completing this form, please contact the Human Resources Service Centre on 31111 or email hrservicecentre@adelaide.edu.au.

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| **STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)** |
| Staff ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ School/Branch: Work phone: Title: Family name: Given names (in full):  |

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| **COMMENCE PACKAGING ARRANGEMENTS** |
| 1. Member contribution to UniSuper Defined Benefit Plan (DBP) or Accumulation 2 Plan
2. UniSuper Voluntary pre-tax contribution to Accumulation 1
 | **[ ]** Package an amount equal to 8.25%\* of superannuable salary to replace my 7%\* after-tax member contribution[ ]  Package anamount of **either** $ per pay **or**  % of my superannuable salary and discontinue my existing after-tax deduction  |
| Date of commencement:…………………………………………………………………………………… *(or next available pay period)* |
| **CHANGE PACKAGING ARRANGEMENTS** |
| 1. UniSuper Additional Voluntary pre-tax contribution to Accumulation 1 or 2
 | [ ]  Package anamount of **either** $ per pay **or**  % of my superannuable salary  |
| Date of amendment: *(or next available pay period)* |
| **CEASE PACKAGING ARRANGEMENTS** |
| 1. Revert Member 8.25%\* pre-tax contribution to UniSuper Defined Benefit Plan (DBP) or Accumulation 2 Plan back to 7%\* after tax member contribution.
2. UniSuper Voluntary pre-tax contribution to Accumulation 1 or 2
 | [ ]  cease packaging from pay date [ ]  cease packaging from pay date  |
| Date of cessation:…………………………………………………………………………………… *(or next available pay period)* |

\*This contribution can be less if you have elected to reduce your member contributions under Contribution Flexibility

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| **AUTHORISATION (SIGNATURE REQUIRED)** |
| **Staff Member*** I hereby authorise the University of Adelaide to decrease my gross salary, as indicated above, on a fortnightly basis to commence as soon as possible.
* I have read and understood the University of Adelaide’s terms and conditions on salary packaging for superannuation and agree to abide by these rules and any changes that may be applied from time to time.
* This authority remains in place until amended or cancelled by me in writing *(after a minimum period of 12 months)* or cessation of my employment with the University of Adelaide.

**Signature:** **Date:**  |