

SALARY PACKAGING: SUPERANNUATION APPLICATION FORM

PLEASE COMPLETE AND FORWARD TO: Human Resources Branch, Division of Services and Resources

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)

Staff ID: _____ School/Branch: _____ Work phone: _____

Title: _____ Family name: _____ Given names (in full): _____

ELIGIBILITY

Please Note: This form is to be completed by employees on a **Defined Benefit Division (DBD)** UniSuper Plan who would like to adjust or make additional voluntary pre-tax contributions. Employees on other UniSuper plans or with other Super funds, please visit Staff Services Online to make changes to your superannuation [Homepage \(adelaide.edu.au\)](http://Homepage.adelaide.edu.au).

Staff on **DBD or Accumulation 2** who would like to reduce/cease member contributions are required to fill out Unisuper default member contribution form <https://www.unisuper.com.au/super/grow-your-super/default-member-contributions>

COMMENCE PACKAGING ARRANGEMENTS

- a) Voluntary pre-tax contribution to Accumulation 1 ☐ Package an amount of **either** \$ _____ per pay **or** _____ % of my superannuable salary

Date of commencement: _____ (or next available pay period)

CHANGE PACKAGING ARRANGEMENTS

- a) Change member contribution to Defined Benefit Division (DBD) or Accumulation 2 Plan ☐ Package an amount equal to 8.25%* of superannuable salary to replace my 7%* after-tax member contribution
- b) Adjustment to Voluntary pre-tax contribution to Accumulation 1 ☐ Adjustment amount of **either** \$ _____ per pay **or** _____ % of my superannuable salary

Date of amendment: _____ (or next available pay period)

CEASE PACKAGING ARRANGEMENTS

- a) Revert DBD or Accum 2 Plan member contribution of 8.25%* pre-tax contribution back to 7%* after tax member contribution ☐ cease packaging from pay date _____
- b) Cease voluntary pre-tax contribution to Accumulation 1 ☐ cease packaging from pay date _____

Date of cessation: _____ (or next available pay period)

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:** _____

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

Remuneration and Benefits Handbook	Salary Packaging Application: Superannuation	Effective Date:	24 August 2023	Version 1.3
Authorised by	Director, Human Resources	Review Date:	31 December 2015	Page 1 of 1
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