



# SA METROPOLITAN FIRE SERVICE SUPERANNUATION SCHEME

Trustee: SA Metropolitan Fire Service Superannuation Fund Pty Ltd  
ACN 068 821 750

## NOTIFICATION OF CESSATION OF SALARY SACRIFICE ARRANGEMENT Additional Voluntary Contributions

### PERSONAL DETAILS

Name

Payroll No. or Member No.

Amount of existing voluntary contribution per pay to be ceased. \$

I hereby advise that I have provided authority to cease a salary sacrifice arrangement for additional voluntary contributions (as nominated above) from the SA Metropolitan Fire Service Superannuation Scheme.

Also, I declare that I have read, understood and agree to the following:

1. This authority replaces any previous authority.
2. Salary Sacrifice Additional Voluntary Contributions will cease being credited to my Salary Sacrifice Account with the SA Metropolitan Fire Service Superannuation Scheme.
3. Due to Preservation, I note that I can not directly receive payment of this amount until I have reached my nominated preservation age detailed in legislation and also am permanently retired from the work force.
4. Information on this form will be handled by the Scheme to process your contribution choice. It may be disclosed to the administrator, your employer and other parties as required. By signing this form you agree to this handling of your personal information. If you do not give this information, your contribution choice will not be implemented. You may access your personal information by contacting the Scheme's Privacy Officer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

Version Aug 08

Payroll – Team 10, Shared Services

Confirmation authority has been actioned by

Signature \_\_\_\_\_

Name \_\_\_\_\_

Cessation Date \_\_\_\_\_

SAMFS Super Scheme

Authority noted by:

Initials \_\_\_\_\_ Date \_\_\_\_\_

PLEASE FORWARD TO SAMFS SUPER SCHEME GPO BOX 98 ADELAIDE SA 5001