



# SA METROPOLITAN FIRE SERVICE SUPERANNUATION SCHEME

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

## NOTIFICATION OF CESSATION OF SALARY SACRIFICE ARRANGEMENT Compulsory Contributions

### PERSONAL DETAILS

Name

Payroll No. or  
Member No.

100% of existing compulsory contributions per pay to be ceased.

I hereby advise that I have provided authority to cease a salary sacrifice arrangement for compulsory 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. This authority relates only to my **compulsory contributions**. Any change to the salary sacrifice arrangements of my voluntary contributions (if applicable) will be provided by a separate form.
3. Salary Sacrifice Compulsory Contributions will cease and after tax compulsory contributions will commence with the SA Metropolitan Fire Service Superannuation Scheme.
4. 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.
5. Information on this form will be handled by the Scheme to process your notice. 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 notice will not be implemented. You may access your personal information by contacting the Scheme's Privacy Officer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

Version Aug 2008

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