



SA METROPOLITAN FIRE SERVICE SUPERANNUATION SCHEME

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

NOTIFICATION OF SALARY SACRIFICE ARRANGEMENT Additional Voluntary Contributions

PERSONAL DETAILS

Full Name

Payroll No. or
Member No.

Total amount to be remitted per
pay cycle as salary sacrifice
additional voluntary contribution

\$

I hereby advise that I have provided authority to enter into a salary sacrifice arrangement for additional voluntary contributions (as nominated above) to the SA Metropolitan Fire Service Superannuation Scheme. Please cease any existing voluntary contribution deduction from my salary.

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

1. This authority replaces any previous authority and is effective from the date the first contributions are received under this arrangement.
2. Salary Sacrifice Additional Voluntary Contributions will be credited to my Additional Voluntary Account with the SA Metropolitan Fire Service Superannuation Scheme.
3. The Additional Voluntary Account will be allocated interest at the Scheme's crediting interest rate (which may be positive or negative) and only be payable (subject to Preservation) from the Scheme on ceasing employment with my employer.
4. Furthermore, 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 am permanently retired from the work force.
5. The amount nominated above **can only be varied** by way of completing a new **Notification of Salary Sacrifice Arrangement - Additional Voluntary Contributions** form.
6. Information on this form will be handled by the Trustee 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

SAMFS Super Scheme

Authority noted by

Initials

Date

Commencement Date

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