



# SA METROPOLITAN FIRE SERVICE SUPERANNUATION SCHEME

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

## NOTIFICATION OF SALARY SACRIFICE ARRANGEMENT Compulsory Contributions For Defined Benefit

### PERSONAL DETAILS

Full Name

Payroll No. or  
Member No.

100% to be remitted per pay cycle as salary sacrifice compulsory contribution.

I hereby advise that I have provided authority to enter into a salary sacrifice arrangement for compulsory defined benefit contributions (as nominated above) to 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 and is effective from the date the first contributions are received by the Scheme under this arrangement.
2. Salary Sacrifice Compulsory Contributions will be credited to my Personal Contribution Account with the SA Metropolitan Fire Service Superannuation Scheme.
3. The Compulsory "Personal Contribution" Account will only be payable (subject to Preservation) from the Scheme on ceasing employment with my employer.
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 am permanently retired from the work force.
5. The amount nominated above **can only be cancelled** by way of **completing a new Termination of Salary Sacrifice (Compulsory Contributions) Form 8**.
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 2008

Payroll – Team 10, Shared Services

Confirmation authority has been actioned by

SAMFS Super Scheme

Signature \_\_\_\_\_

Name \_\_\_\_\_

Authority noted by

Initials \_\_\_\_\_

Date \_\_\_\_\_

Commencement Date \_\_\_\_\_

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