



SA METROPOLITAN FIRE SERVICE SUPERANNUATION SCHEME

NOTIFICATION OF CESSATION OF PAYROLL DEDUCTION AUTHORITY Additional Voluntary Member Contributions for Permanent and Retained Fire Fighters.

PERSONAL DETAILS

Name

Payroll OR Member No.

Amount of existing voluntary
contribution per pay to be ceased.

Date of Cessation.

I hereby advise that I wish to cease all additional voluntary member contributions (as nominated above), from my salary 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.
2. That the Additional Voluntary Member Contributions will cease being credited to my Additional Voluntary Member Contribution Account with the SA Metropolitan Fire Service Superannuation Scheme.
3. Due to Preservation, I note that I cannot 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.

Signature _____

Date _____

OFFICE USE ONLY

Version Jan 10

Payroll – Team 10, Shared Services

Confirmation authority has been actioned by

Initials _____ Date _____

SAMFS Super Scheme

Authority noted by

Initials _____ Date _____

PLEASE RETURN TO:-
OR FAX:

MANAGER, SAMFS SUPER SCHEME, GPO BOX 98, ADELAIDE 5001
08- 8204 3610