

Salary Sacrifice Form 7

(Effective from 1 June 2008)

SALARY SACRIFICE OF SUPERANNUATION AGREEMENT (SA GOVERNMENT SCHEMES EXCLUDING TRIPLE S) (Additional Voluntary Contributions)

Employees electing to salary sacrifice to the Triple S Scheme should contact Super SA Member Services for the appropriate form.

Complete sections 1 and 2 - then give this form to your employer

1. EMPLOYEE DETAILS

Mr Mrs Ms Miss Dr Prof

Surname:	
Given Name(s):	
Home Address:	
Work email address: (required if available)	
Private email address: (optional)	
Telephone:	
Payroll ID Number:	
Name of Agency:	

I, the Employee named above, elect to sacrifice salary by authorising my employer to contribute directly into the following South Australian Government Superannuation Scheme:	
Superannuation member ID:	
The amount of my proposed Salary Sacrifice per pay period is:	\$ OR %

The Expiry Date of this Salary Sacrifice of Superannuation Agreement shall be the date specified below, or such other date as determined pursuant to the terms of the Salary Sacrifice of Superannuation Agreement.

Expiry Date:	
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2. EMPLOYEE DECLARATION

I, the Employee named in section 1 of this Form 7, confirm that the details in section 1 are true and correct, and I acknowledge and agree that I:

1. understand that no limit is placed on salary sacrifice contributions to a complying superannuation fund.
2. understand that the employer is not liable to the Employee either directly or indirectly in respect of any matter touching or concerning the contributions, unless liability cannot be abrogated by statute.
3. will indemnify the employer from and against:
 - (a) any income tax or any other taxation liability whatsoever (including any administrative penalty, fine or other amount) that may become payable pursuant to any relevant taxation legislation and rulings,
 - (b) any other liability whatsoever not otherwise described in clause number 3(a) above, in respect of the said contribution by the employer, which includes any information supplied by the employer including but not limited to any estimate of salary and the amount of the contributions and any matter not otherwise described herein, and
 - (c) all charges, costs, damages, disbursements, fees, losses suffered or incurred by the employer in relation to any matter touching or concerning the contribution by the employer.
4. have sought advice in respect of this Agreement as necessary, the obtaining of such advice being the sole responsibility of the Employee with the Employer having no role or responsibility in respect of it.
5. understand that an administration fee of \$44.00 including GST is payable to the employer from the Employee's post tax salary at the commencement of this Agreement and any subsequent Salary Sacrifice of Superannuation Agreement.
6. agree to give the employer not less than twenty-one (21) days prior written notice seeking the employer's agreement to terminate this Salary Sacrifice of Superannuation Agreement at any time prior to the Expiry Date.

Employee Signature:	
Date:	day of 20..

3. EMPLOYER DECLARATION

The employer described below agrees and acknowledges as follows:

- that upon the Employee signing and delivering this agreement to the employer the employer will commence making the deduction and the contributions in the manner as outlined herein.

Agency Name:	
Contact Person:	
Address:	
Email Address:	
Telephone:	
Facsimile:	
Signature:	
Date:	Day of 20