

# Salary Sacrifice Form 8

(Effective from 1 June 2008)

## TERMINATION OF SALARY SACRIFICE OF SUPERANNUATION AGREEMENT Additional Voluntary Contributions

Complete details below then give this form to your employer

### 1. EMPLOYEE DETAILS

Mr    Mrs    Ms    Miss    Dr    Prof

<b>Surname:</b>	
<b>Given Name(s):</b>	
<b>Home Address:</b>	
<b>Work email address: (required if available)</b>	
<b>Private email address: (optional)</b>	
<b>Telephone:</b>	
<b>Payroll ID Number:</b>	
<b>Name of Agency:</b>	
<b>Superannuation Scheme:</b>	
<b>Superannuation member ID:</b>	

I, the employee named above, hereby advise that I wish to cease salary sacrifice of Additional Voluntary Contributions superannuation payments, with effect from the "Effective Date" below (a minimum of 21 days notice is required.)

<b>Effective Date:</b>	
<b>Employee Signature:</b>	
<b>Date:</b>	