

Salary Sacrifice Form 8

(Effective from 1 June 2008)

TERMINATION OF SALARY SACRIFICE OF SUPERANNUATION AGREEMENT (Compulsory Contributions)

Complete details below 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:	
Superannuation Scheme:	
Superannuation member ID:	

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

Effective Date:	
Employee Signature:	
Date:	