



SA METROPOLITAN FIRE SERVICE SUPERANNUATION SCHEME

PAYROLL DEDUCTION AUTHORITY Retained Fire Fighter - Additional Voluntary Member Contributions

PERSONAL DETAILS

Name Payroll OR Member No.

Total amount to be deducted per pay as an additional voluntary member contribution \$ (must be multiple of \$10)

I hereby request and authorise my employer to deduct additional voluntary member contributions as nominated above, from my after tax salary and forward the contributions to the SA Metropolitan Fire Service Superannuation Scheme.

Also, I declare that I have read, understood and agree to the following:

- This authority replaces any previous authority and is effective from the first payday on or after 1 July immediately following the date of this authority.
- That the Additional Voluntary Member Contributions will be credited to my Additional Voluntary Member Contribution Account with the SA Metropolitan Fire Service Superannuation Scheme.
- The Additional Voluntary Member Contribution Account will increase (or decrease) with interest and only be payable (subject to Preservation) from the Scheme on ceasing employment with either the SA Metropolitan Fire Service.
- Furthermore, due to Preservation, I note that I can not directly receive payment of this amount until I have reached my nominated age detailed in legislation and also am permanently retired from the work force.
- The amount nominated above **can only be varied** (ie increased, decreased or stopped) **as at 1 July each year**, by way of **completing a new payroll deduction authority** by the preceding June.
- Information on this form will be handled by the Scheme 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 Jan 10

Payroll – Team 10 Shared Services	SAMFS Super Scheme
Confirmation authority has been actioned by	Authority noted by
Initials _____ Date _____	Initials _____ Date _____

PLEASE RETURN TO:- **MANAGER, SAMFS SUPER SCHEME, GPO BOX 98, ADELAIDE 5001**
OR FAX: **08- 8204 3610**