

contribution authorisation form

It pays to top up your super!

Having contributions deducted from your salary/wages is an easy way to build your superannuation nest egg.

Your voluntary contributions may also make you eligible for the government co-contribution.

Salary sacrifice can be a tax-effective way of boosting your super if you are a high income earner. You should consider seeking professional financial advice about the best method of making contributions.

You must sign and date this form and give it to your employer.

1. Your personal details

→ CareSuper member number (if known)

Surname Mr/Mrs/Ms/Miss/Dr

Given names Date of birth (DD/MM/YYYY)
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2. Voluntary contributions - payroll deduction

→ If your employer is in agreement, complete this section to make voluntary contributions or to change the amount you are currently contributing by payroll deduction.

Amount of contribution to be paid by payroll deduction:

Amount (% or \$ of salary) per pay period Commencing date (DD/MM/YYYY)
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Please deduct from my after-tax pay the amount shown above and forward that amount to CareSuper within 28 days of the end of the month in which it is deducted as required by Section 64 of the Superannuation Industry (Supervision) Act 1993.

3. Salary sacrifice

→ If your employer is in agreement, complete this section to make or update your contributions to CareSuper by way of salary sacrifice.

Amount of contribution to be made by salary sacrifice:

Amount (% or \$ of gross salary) per pay period Commencing date (DD/MM/YYYY)
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I understand that my gross salary will be reduced by the amount authorised and that this amount will be paid to CareSuper as an Employer contribution in addition to the amount prescribed by the Superannuation Guarantee legislation.

4. Authorisation

I authorise my employer to deduct money from my salary/wages in accordance with my instructions. I can amend or reduce this instruction at any time.

Applicant's signature **Date (DD/MM/YYYY)**
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Note: You can make voluntary contributions directly to CareSuper at any time by cheque or BPAY. Call the CareSuperLine on 1300 360 149 to find out how.

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Important
 Hand this form to your employer. Do not send it to CareSuper

EMPLOYER USE ONLY

Date accepted (DD/MM/YYYY) Date processed (DD/MM/YYYY)