Contribution authorisation form

IT PAYS TO TOP UP YOUR SUPER!
Having contributions deducted from your wages is an easy way to build your super.
Remember to stay under your contributions caps and you won’t pay extra tax. Keep in mind if your employer pays any of your fees and/or insurance premiums, this will count towards your contribution caps. Visit caresuper.com.au/knowyourlimits to find out more.
Complete this form in blue or black pen using BLOCK LETTERS and tick ✔ where applicable.

1. YOUR PERSONAL DETAILS

Member account number (if known) ___________________________ Employee number (if applicable) ___________________________
Surname ___________________________ Title ___________________________
Given names ___________________________ Date of birth (DD/MM/YYYY) ___________________________

2. VOLUNTARY CONTRIBUTIONS — PAYROLL DEDUCTION
If your employer agrees, complete this section to make voluntary contributions or to change the amount you are currently contributing by payroll deduction.

Amount of contribution to be deducted from my pay:

_________________________ Amount (% of salary or $) per pay period
_________________________ Commencing date (DD/MM/YYYY)

Please deduct the amount shown above from my after-tax pay and forward that amount to CareSuper within 28 days of the end of the month that it’s deducted from, as required by Section 64 of the Superannuation Industry (Supervision) Act 1993.
We need your tax file number (TFN) before we can accept your after-tax contributions. If you are uncertain about whether you have provided your TFN, you can check your MemberOnline account at caresuper.com.au/login or call 1300 360 149.

Tick (✔) this box if you’d like to opt out of an existing payroll authorisation to make voluntary contributions.

3. SALARY SACRIFICE
If your employer agrees, complete this section to make or update your contributions to CareSuper by salary sacrifice.

Contribution amount to be made by salary sacrifice:

_________________________ Amount (% or $ of salary) per pay period
_________________________ Commencing date (DD/MM/YYYY)

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.

Tick (✔) this box if you’d like to opt out of an existing payroll salary sacrifice agreement.
4. AUTHORIZATION

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

__________________________________________________________________________

Member’s signature

/ / / Date (DD/MM/YYYY)

Note: You can make voluntary contributions directly to CareSuper at any time by cheque or BPAY®. Call 1300 360 149 to find out how.

EMPLOYER USE ONLY

(Employer contributions are to be made via a SuperStream compliant payment method.)

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

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

YOU MUST SIGN AND DATE THIS FORM AND GIVE IT TO YOUR EMPLOYER

Hand this form to your payroll officer or to HR. Don’t send it to CareSuper.

Remember to keep a copy for your records.