

**SUPERANNUATION
ELECTION/CHANGE FORM**

Employee Name:		Employee No.:	
Business Unit:		Location:	

Please select **one** of the following:

- This is an Election Form (I am a new employee)
- This is a Change Form (I am changing the allocations I currently have on file)

Effective Date of Change:

A) Superannuation Guarantee

I wish to allocate the <u>COMPANY'S Superannuation</u> to the following fund:			
Service Provider or Fund Name:			
Membership Number:			
Administrator:			
Contact Name:			
Fund/Administrator Postal Address:			
Telephone No.:		Fax No.:	

B) Salary Sacrifice (only complete if voluntary contribution is required):

I wish to allocate my <u>VOLUNTARY</u> Salary Sacrifice as follows:	
Percentage of Gross Earning:	<input type="text"/> %
Fund Name:	
Membership Number:	

Employee Signature:	
Date: (yyyy-mm-dd)	