

Form – Payroll Deduction Request Form

I wish to commence a Voluntary Payroll Deduction agreement with Headway Gippsland.

I hereby nominate below the specified amount/percentage of my fortnightly salary to be deducted and distributed as detailed below.

Additional Superannuation Contribution:

Salary Sacrifice superannuation deduction (pre-tax)	\$	or	%
Voluntary Superannuation deduction (after tax)	\$	or	%

Superannuation Fund Name	
Superannuation Fund ABN	
Membership Number	

Additional Taxation Contribution:

Deduction Amount (per fortnight)	\$
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Terms and Conditions (PLEASE READ CAREFULLY)

Headway Gippsland reserves the right to cancel the arrangement at any time should there be a negative impact on its operations as a result of the administration of such a service.

This arrangement will continue until you advise Headway Gippsland (in writing) to cease this arrangement.

You are responsible for ensuring that your pre-tax superannuation contributions (both salaries sacrificed and employer contributed) do not exceed the concessional contributions cap and affect the amount of tax on your super contributions. This can be done by checking your fortnightly pay slips and advising Headway Gippsland to cancel additional superannuation contributions when required.

I acknowledge that it is my responsibility to make an informed decision and to seek my own independent financial advice. I also understand that it is my responsibility to formally advise my employer of any changes I wish to make to this arrangement or to cease this arrangement.

Date for commencement		
Employee Full Name		
Employee Signature	Received By	Processed By (Finance)