

1. Your Details:

Employee Name:	Employee Number:
Email:	Phone Number:
Tax File Number (TFN):	

2. Nominate your Superfund:

Please use this form to nominate either the SMSF or APRA/RSA Super Fund below to commence salary sacrifice contributions.

Fund ABN:	Fund Name:	
Fund Address:		
Suburb/town:	State:	Postcode:

SELF MANAGED SUPER FUND (SMSF)

- You will need current details from your SMSF trustee to complete this section
- You must attach** a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au>

Fund electronic service address (ESA):

Fund Bank Account:	BSB:	Account Number:
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APRA or RSA Fund

- You will need current details from your APRA regulated or RSA to complete this section
- You must attach** a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer.

Unique superannuation Identifier (USI):

Your Account Name:	Your Member Number:
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3. Super Contributions

Please nominate a fortnightly deduction amount (per pay)

Amount or Percentage:

I wish to apply to Salary Packaging additional (Pre-tax) superannuation contributions. I have read, understood and accepted the Terms and Conditions of Salary Packaging at Eastern Health, which is available at Eastern Health Salary Packaging website under 'Employee Benefits' – 'Salary Packaging'.

Employee Signature	Date
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