



## Step 3 – Additional voluntary contributions (after-tax)

**If you want to commence additional non-concessional contributions to Equisuper, or to change your current additional contributions, please complete the section below:**

What rate of voluntary contributions do you wish to make?

% of salary or \$    ,    per pay. Commencing from pay date   /   /

**If you want to make a non-concessional lump sum contribution, please complete the section below:**

\$     ,     lump sum amount. Commencing from pay date   /   /

**If you want to stop making voluntary contributions, please tick the box below:**

I wish to stop making voluntary contributions

## Step 4 – Salary sacrifice contributions (pre-tax)

**If you want to start making salary sacrifice contributions to Equisuper, or to change your current salary sacrifice contributions, please complete this section.**

What rate of salary sacrifice contributions do you wish to make?

% of salary or \$    ,    per pay. Commencing from pay date   /   /

**If you want to stop making salary sacrifice contributions, please tick the box below:**

I want to stop making salary sacrifice contributions

## Step 5 – Sign the form

Declaration

- I authorise my employer to deduct from my pay any contributions that I have indicated I'd like to make to my Equisuper superannuation account.
- I understand these contributions will continue until I advise my employer in writing.
- I have received all information I need to make the contributions choices I have made.
- I am aware that there are certain limits on contributions after which penalty tax may apply.
- I understand that my personal information will be handled by the Trustee to provide and manage my super. Without this information, it may not be able to provide my super and choices. For this purpose, my personal information may pass between the Trustee of Equisuper and its administrator, professional advisors, insurers, government bodies, my employer and other parties as required, including the Trustee of any other super fund into which my super is transferred. I consent to the handling of my personal information in this manner.

Signature

Date

/   /

**This form is to be completed and forwarded to your employer.**

