

# SALARY SACRIFICE DEDUCTION AUTHORITY

## Employer/Employee Agreement between

Employer/Business Name	
ABN	

and

Employee Name:	
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This Salary Sacrifice Deduction Authority option forms part of your Employment Agreement –

I, the undersigned have read and ticked every selection box on this form to confirm that I understand and agree with all the following:

- I am aware that there is no legal obligation on my employer to offer before-tax Salary Sacrifice Deduction arrangements to their employees.
- I acknowledge the Salary Sacrifice deduction can only apply to future pre-tax earnings, it cannot be applied to salary or entitlements already paid to me.
- I have either referred to [www.ato.gov.au/Individuals/Super/](http://www.ato.gov.au/Individuals/Super/) and or obtained professional advice from a licensed Financial Adviser who can consider my individual circumstances.
- I have considered the impact of any salary sacrifice deduction arrangement on my work entitlements (for example, the deduction also applies to my paid leave entitlements).
- I acknowledge that it is my personal obligation to ensure my Salary Sacrificing arrangements do not breach the relevant financial year total deposits received by my nominated super fund to not exceed the ATO Concessional Contributions Cap.
- I acknowledge that the Salary Sacrifice Deduction does not reduce any liability for HELP or SFSS declared on my latest Withholding Declaration provided.
- I understand the Salary Sacrifice Deduction is applied per pay period and can only be my nominated agreed Fixed Amount or the Fixed % of my Ordinary Time Earnings.
- I understand the Salary Sacrifice amount must be reported by my employer as part of the ATO Single Touch Payroll Reporting as a Reportable Employer Super Contribution (RESA).
- I understand that my Salary Sacrifice Deduction contributions will be forwarded by my employer to my nominated super fund within 28 days after the end of their quarterly obligation, or at my employers' discretion after the month in which the deduction is made.

- I understand that this Salary Sacrifice Deduction Authority shall remain in force until withdrawn by me in writing, or on termination of my employment whichever occurs first.
- I understand that this Salary Sacrifice Deduction Authority is required in writing on this company approved form and is effective from the nominated next pay-period or future date (and cannot be dated retrospectively).

## DECLARATION

I, \_\_\_\_\_ (print your name)

hereby authorise you to deduct my Salary Sacrifice pre-tax contributions and pay the deductions as required to my nominated Super Fund:

<b>Super Contribution Amount</b>	Per pay period of _____% of Gross Salary OR Fixed amount of \$_____ per pay period
<b>Super Fund</b>	Name: Member No:
<b>Commencing</b>	Date:
<b>End Date</b>	Date: OR if no date entered, until cancellation notice received from me in writing
<b>Signed</b>	Signature:  Date: