

Talk to your employer first to make sure they're happy to contribute to super from your pay. If so, simply complete this form and give it to your employer or follow the process your employer has in place.

Please complete in pen using CAPITAL letters. Use ☒ to mark boxes where applicable.

STEP 1. WORK OUT IF YOU CAN ADD EXTRA TO YOUR SUPER

To confirm you can add extra to your super, mark (X) in the box below that matches your situation.

- ☒ Yes, I am under age 65.
- ☒ Yes, I have reached age 65 but not age 75, and have worked at least 40 hours in 30 consecutive days in the current financial year.

The Government limits the amount you can contribute to super. If you go over the limits, you may pay extra tax. Find out how much you can contribute at australiansuper.com/ContributionLimits



You can easily send a payroll deduction request to your employer online. Log in to your online account at australiansuper.com

STEP 2. TELL US YOUR DETAILS

Last name		Mr	Ms	Mrs	Miss	Dr
<input type="text"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
First name		Date of birth				
<input type="text"/>		<input type="text"/>				
AustralianSuper member number		Tax File Number*				
<input type="text"/>		<input type="text"/>				

* The law allows super funds to ask for Tax File Numbers (TFNs). You don't have to give us your TFN, but we can only accept after-tax contributions from you if you do.

STEP 3. HOW WOULD YOU LIKE TO CONTRIBUTE?

Before-tax

- ☒ I wish to contribute \$, .00 or % of my before-tax salary to my AustralianSuper account.

After-tax

- ☒ I wish to contribute \$, .00 of my after-tax salary to my AustralianSuper account.

How often do you want to make payroll contributions?

- ☒ Weekly ☒ Fortnightly ☒ Monthly ☒ Once-off

STEP 4. AGREEMENT WITH EMPLOYER

Employer to complete

- ☒ I confirm the amount of Superannuation Guarantee contributions I am required to pay on behalf of my employee named above will not be reduced because of their additional payroll contributions.
- ☒ I confirm there will be no impact on how other benefits are calculated (for example, leave entitlements)

or

- ☒ I confirm there will be an impact on how other benefits are calculated as detailed below:

Employer to sign here



Date

Employee to sign here



Date

Please keep a copy of this request for your records.