

Salary for superannuation purposes

Agreement for accumulation members

When to use this form

Complete this form if you:

- are not a defined benefit member
- expect to exceed the concessional contributions cap for the financial year
- want to reduce your employer contributions to match your concessional contributions cap.

Provide this agreement to your payroll office by 31 October in the financial year your agreement applies to.

Important: If you nominate a salary for superannuation purposes, it might affect your superannuation and insurance benefits, so it's a good idea to get personal financial advice before you decide to do this.

If printing, please complete in BLOCK letters, in blue or black ink.

1 Personal details

First name

Last name

Employee / payroll number

Date of birth (dd/mm/yyyy)

/ /

Mobile phone number

Work phone number

Residential address

State

Postcode

Postal address

As above

State

Postcode

2 Accumulation account details

Superannuation fund name

ABN

Member (or client) account number

3 Salary details

Current salary for superannuation purposes

\$ per year

Salary you'd like to use for superannuation purposes

\$ per year

4 Employee's declaration

I expect to exceed the concessional contributions cap for the financial year ending

30 June (yyyy).

- I have agreed with my employer that my salary for superannuation contribution purposes will be the lower salary listed in section 3, and that salary is the maximum salary before my employer's contributions exceed the concessional contributions cap.
- I understand my employer contributions will be based on this lower salary for superannuation contribution purposes during the financial year.
- I understand I need to complete and submit this form by 31 October in the financial year that the agreement applies to, otherwise it will not apply.
- I understand that if I receive any other employer or salary-sacrificed contributions, I might exceed the concessional contributions cap.
- I understand that if I have insurance with my superannuation fund, this agreement may affect my benefit if I hold salary-based insurance products. I have assessed or taken advice on these impacts and understand that my employer is not responsible for these impacts.

Signature

Date (dd/mm/yyyy)

/ /

5 Employer's declaration

- I agree that the employee mentioned in this form will exceed (or they're likely to exceed) the concessional contributions cap for the financial year mentioned in section 4.
- I have agreed with the employee that their salary for super purposes will be the salary listed in section 3, and this is the maximum salary before the employee exceeds the concessional contributions cap.

Name of employer (department, agency, company etc)

Name of delegate

Email address

Phone number

Signature

Date (dd/mm/yyyy)

/ /

Where to send this form

Give this completed form to your payroll office.
Make sure you sign and date it first.