Election to reduce superannuation salary

ESSSuper

Emergency Services & State Super

Who should use this form?

This application is to be submitted by members of the Revised Scheme, New Scheme, State Employees Retirement Benefits (SERB) Scheme or Transport Scheme that are wishing to:

- reduce superannuation salary due to the loss of a superable allowance;
- reduce superannuation salary due to a salary reduction;
- reduce superannuation salary by foregoing a Higher Duties Allowance (HDA).

Complete Section 1 (and Section 2 or Section 3 as applicable) and forward this application to your employer for certification. The employer will then send it to ESSSuper .

If you are employed by the Department of Education & Training (DE&T) forward this application directly to us at the address below when you have completed Section 1 (and Section 2 or Section 3 as applicable).

Before you start

Important: Please read carefully before completing this application

*(For further details about electing to reduce your superannuation salary please see our website at **www.esssuper.com.au** or call our Member Service Centre on 1300 655 476)*

- You are strongly advised to seek independent financial advice before completing this application. We are unable to provide financial advice to you.
- This application cannot be processed if it is incomplete. If the relevant sections of this application are not completed and/ or Section 2 or 3 (as applicable) is not signed then the application will be returned to you.
- Your election is irrevocable and once made cannot be withdrawn after it is processed by ESSSuper. We will advise you in writing when your application has been processed.
- Your contribution rate will be adjusted from the first available payday after the date your new salary takes effect. No refunds of excess contributions will be made.
- Any benefits payable to you will be reduced from the date your new salary takes effect.
- This application enables you to forgo a Higher Duties Allowance (HDA) if you have been receiving such an allowance for at least 12 months and you do not want your superannuation contributions and benefits based on the higher rate of pay. HDAs can include DE&T Special Payment Allowances.

Please complete this form in pen using CAPITAL letters and mark with an [✖] where applicable.

Section 1 — Your personal details

Member number

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ (please specify)

Surname

Given names

Date of birth ☐☐ / ☐☐ / ☐☐☐☐

Postal address

Suburb

State ☐☐☐ Postcode ☐☐☐☐

☐ Mark with an [✖] if your postal and residential address are the same. If your residential address is different, please specify below.

Residential address

Suburb

State ☐☐☐ Postcode ☐☐☐☐

Telephone (business hours) (☐☐) ☐☐☐☐☐☐☐☐ (after hours) (☐☐) ☐☐☐☐☐☐☐☐

Telephone (mobile)

Email address

(!) By providing your email address you are authorising ESSSuper to send communications including statement notifications to that address. This authorisation will apply until it is revoked by you.

Current employer

Section 2 — Election to reduce superannuation salary

Only complete this section if you are making an election to reduce your superannuation salary due to the loss of a superable allowance or due to a salary reduction.

- I have considered obtaining independent financial advice in respect of my superannuation options.
- I understand that this election is irrevocable and once made cannot be withdrawn.
- I understand that no refund of excess contributions will be made.
- I understand that by making this election, my superannuation salary will be reduced, which will then result in my superannuation benefits also being reduced.

By signing below, I understand and consent to ESSSuper collecting and using the information contained in this form to administer the public sector superannuation scheme of which I am a member, or a beneficiary of a member. I understand and consent to this information being used solely for the purpose of administering the superannuation scheme. I understand and consent to this information being disclosed to third parties to administer my membership, or claim, or as required or authorised by law to do so. My consent is valid for the purposes of this form only. Note: If you do not give your consent to ESSSuper as above, or you do not sign this form, this form will not be able to be processed, and will be returned to you for signature. Please note, you are entitled to revoke your consent.

Member's signature: ⊗ PLEASE SIGN HERE

Date ☐☐ / ☐☐ / ☐☐☐☐

Section 3	Election to forgo your higher duties allowance as superannuation salary

Only complete this section if you are electing to forgo your Higher Duties Allowance (HDA) as superannuation salary.

- I have considered obtaining independent financial advice in respect of my superannuation options.
- I understand that this election is irrevocable and once made cannot be withdrawn.
- I understand that no refund of excess contributions will be made.
- I understand that by making this election, my superannuation salary will be reduced, which will then result in my superannuation benefits also being reduced.

By signing below, I understand and consent to ESSSuper collecting and using the information contained in this form to administer the public sector superannuation scheme of which I am a member, or a beneficiary of a member. I understand and consent to this information being used solely for the purpose of administering the superannuation scheme. I understand and consent to this information being disclosed to third parties to administer my membership, or claim, or as required or authorised by law to do so. My consent is valid for the purposes of this form only. Note: If you do not give your consent to ESSSuper as above, or you do not sign this form, this form will not be able to be processed, and will be returned to you for signature. Please note, you are entitled to revoke your consent.

Member's signature   ☒ **PLEASE SIGN HERE**   Date ☐☐ / ☐☐ / ☐☐☐☐

Section 4	Employer certification (Employer use only)

The relevant employer representative is to complete this section. The employer does not have to complete a Member Details Advice form. Certification must be made by the Personnel/Payroll Manager/Principal, or by his/her authorised delegate.

Date election received at pay office ☐☐ / ☐☐ / ☐☐☐☐   Date submitted with return for pay day ☐☐ / ☐☐ / ☐☐☐☐

Location code (within department) *if applicable* ☐☐☐☐☐

Full-time equivalent salary PRIOR to election $ ☐☐,☐☐☐,☐☐☐.☐☐   Full-time equivalent salary AFTER election $ ☐☐,☐☐☐,☐☐☐.☐☐

Time fraction ☐☐☐   New fortnightly contribution $ ☐☐,☐☐☐,☐☐☐.☐☐

Name of certifying officer ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Position/Title ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Telephone (business hours) (☐☐) ☐☐☐☐☐☐☐☐

Signature   ☒ **PLEASE SIGN HERE**   Date ☐☐ / ☐☐ / ☐☐☐☐

Agency Name or Employer Department ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

When completed, please return this application to us at GPO Box 1974, Melbourne Vic 3001.

By signing below, I understand and consent to ESSSuper collecting and using the information contained in this form to administer the public sector superannuation scheme of which I am a member, or a beneficiary of a member. I understand and consent to this information being used solely for the purpose of administering the superannuation scheme. I understand and consent to this information being disclosed to third parties to administer my membership, or claim, or as required or authorised by law to do so. My consent is valid for the purposes of this form only. Note: If you do not give your consent to ESSSuper as above, or you do not sign this form, this form will not be able to be processed, and will be returned to you for signature. Please note, you are entitled to revoke your consent.

Employer's signature   ☒ **PLEASE SIGN HERE**   Date ☐☐ / ☐☐ / ☐☐☐☐