

**! IMPORTANT — ONCE COMPLETED PLEASE FORWARD THIS FORM TO YOUR PAYROLL OFFICE OR HR SECTION.**

### Who should use this form?

You should complete this form if you want to commence making personal (after-tax) or salary sacrifice (before-tax) contributions to the ESSSuper Accumulation Plan by regular payroll deduction through your employer.

However, if you want to salary sacrifice and you are employed by the Department of Education and Early Childhood Development as a school-based staff member or principal, you need to complete the *SmartSalary Additional Superannuation Form* instead, which is available from the ESSSuper website or by calling the ESSSuper Member Service Centre on 1300 655 476. Please return the SmartSalary form to SmartSalary.

### Important information for employers

Employers who are not a Victorian Public Sector participating employer, or who have not at any time made contributions to ESSSuper on behalf of an employee, can register with ESSSuper before remitting contributions by completing the *Choice of fund* form (ES144).

### Before you start

This form acts as an authorisation for your employer to deduct an amount from your pay and to pay this amount as a superannuation contribution to ESSSuper's Accumulation Plan. Your employer may also require you to complete their own form.

If you already have an Accumulation Plan account, your contributions will be invested in accordance with your most recent investment allocation for contributions into your Accumulation Plan account. You can change your investment allocation for future contributions at any time.

If you do not currently have an account in ESSSuper's Accumulation Plan, you will need to complete the *Accumulation Plan application form* that accompanies the *Accumulation Plan Product Disclosure Statement* and forward your completed form to ESSSuper.

To find out when these deductions will commence and when contributions will be forwarded to ESSSuper, please contact your employer. ESSSuper is not responsible for ensuring deductions are made and forwarded to ESSSuper by your employer.

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

Section 1	Your personal details											
Employee/Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	Miss	<input type="text"/>	Other (please specify)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (business hours)	(	<input type="text"/>	<input type="text"/>	)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								(after hours)	(	<input type="text"/>	<input type="text"/>	)
Telephone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 2

## Your contribution instructions

There are Government imposed limits on the amount of contributions that can be made by a person in a financial year. Contributions above these limits will be taxed at the highest marginal rate (including Medicare Levy). For more information, refer to the *How super is taxed guide (AP4)*.

Please deduct

\$  ,      

from my pay each pay period and pay this amount on my behalf as a superannuation contribution to ESSSuper's Accumulation Plan.

Please deduct this amount

 After tax

OR

 Before tax (salary sacrifice)

## Section 3

## Declaration and signature

- I have read the *Accumulation Plan Product Disclosure Statement* and *Incorporated Guides* available from ESSSuper.
- I understand that if I do not provide my tax file number to ESSSuper, **it cannot accept after-tax contributions made by me and any salary sacrifice contributions I make will be taxed at the top marginal rate of 46.5% (including Medicare Levy)**.
- I understand that the amount I have nominated on this form will be deducted from my pay each pay period by my employer and will be forwarded to ESSSuper as a superannuation contribution to the Accumulation Plan.
- I understand that the amount I have nominated on this form will continue to be deducted by my employer until the earlier of the date I provide my employer with a new instruction or the date I terminate employment.
- I accept ESSSuper is not responsible for ensuring that deductions are made and forwarded to ESSSuper by my employer.
- I understand that contributions must be preserved in the superannuation system until I become eligible to access my superannuation benefit.
- I accept that the benefits in ESSSuper's Accumulation Plan are not guaranteed or underwritten by the Victorian Government and do not come under the jurisdiction of the Superannuation Complaints Tribunal.

Signature of account holder

 PLEASE SIGN HERE

Date

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ESSSuper GPO Box 1974, Melbourne Vic 3001  
T 1300 650 161 | F 1300 766 757 | [www.esssuper.com.au](http://www.esssuper.com.au)

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at [www.esssuper.com.au](http://www.esssuper.com.au)