

ELECTION ADVICE

PAYMENT OF EMPLOYEE SUPERANNUATION CONTRIBUTIONS

I have read the University policy on pre-tax superannuation contributions and understand the arrangements of the scheme. Accordingly, I wish to:

(Please indicate by ticking the appropriate box)

Accept the offer of the University paying on my behalf the employee contributions for my superannuation membership

In accepting this offer I acknowledge:

- a) While Australian Catholic University pays such contributions the salary otherwise payable to me will be reduced by the amount required to cover my normal superannuation contribution plus any tax payable by my superannuation fund on contributions payable by employers, the rules of which are defined by each of the relevant superannuation schemes;
- b) Australian Catholic University may, at any time, revoke these arrangements in which case my salary will be restored to the full level, and I will be required to resume payment of superannuation contributions;
- c) Superannuation benefits will continue to be based on the salary before reduction under this arrangement;
- d) Benefits arising from contributions paid on my behalf will be subject to preservation requirements and, when paid, will not be treated as undeducted contributions.
- e) These contributions are counted as Concessional contributions and will be counted towards the
- f) Concessional Contributions cap in the financial year my superannuation fund receives the payment. Any superannuation contributed over a cap amount is subject to extra tax.
- g) These contributions are reportable employer superannuation contributions (RESC) and they will be reported on my taxation Payment Summary.

OR

Rescind an earlier election made by me for the University to pay on my behalf the employee contributions for my superannuation membership

Signed:

(Staff member): Date:/...../.....

Name (please print):

Please submit a copy of this completed form to Service Central using the 'Change to super contributions' request.

Authorisation on behalf of the University:

Human Resources office representative.....

(signature)

HR USE ONLY	
Membership Number:	
Date received	Date: Initials: