

Salary sacrifice form

Complete this form to start making salary sacrifice contributions via your employer.

Further information

If you need further information or help to complete this form:

- talk to your employer
- email enquiry@unisuper.com.au
- call us on **1800 331 685**, or
- visit our website at www.unisuper.com.au

Privacy statement

UniSuper recognises the importance of protecting your personal information and we're committed to complying with our privacy law obligations.

We collect your personal information to administer your account, improve our products and services and to provide you with, and promote, UniSuper membership benefits, services and products. You consent to our collecting sensitive information about you, where collecting that information is reasonably necessary for us to perform one or more of our functions or activities. We usually collect personal and sensitive information directly from you, however, it may also be collected from third parties, such as your employer.

We may also collect this information from you because we are required or authorised by or under an Australian law or a court/tribunal order to collect that information.

If you do not provide this information, we may not be able to administer your account, or provide you with a product or service.

We may disclose your information to any service provider we engage (for example mail-houses, auditors, insurers, actuaries, lawyers) to carry out or assist us to provide your membership benefits, services and products. This includes overseas entities. Where information is transferred overseas, we will seek to ensure the recipient of the data has security systems to prevent misuse, loss or unauthorised disclosure in line with Australian laws and standards.

Our Privacy Policy contains information about how you may access any personal information held by us, how to correct your information and how to make a complaint about a breach of the Privacy Act. Our Privacy Policy is available from our website at www.unisuper.com.au or by calling us on **1800 331 685** between 8.30am and 7.00pm Monday to Thursday and 8.30am and 6.30pm Friday (Melbourne time).

SECTION 1 — Member details

→ Please use **BLACK** or **BLUE BALL POINT PEN** and print in **CAPITAL LETTERS**. Cross where required **X**

UniSuper member number

If you are unsure of your member number, refer to your most recent UniSuper correspondence or call us on **1800 331 685**.

SECTION 1 — Continued

Title Mr Mrs Ms Dr Professor

Other

Surname

Given name

Date of birth (DDMMYYYY)

What phone number do you want us to call you on if there is a question we need to ask you regarding this form?*

Contact number (during business hours)

Email address*

Residential address, number and street

Suburb/Town

State Postcode

Country (if not Australia)

Is your postal address different from your residential address?

→ No. Go to next page.

→ Yes. Please provide your postal address below.

Postal address, number and street (or PO Box if applicable)

Suburb/Town

State Postcode


Country (if not Australia)

* Mandatory

form continues →



SECTION 2 — Starting salary sacrifice

 You may choose any amount for your salary sacrifice contributions — specified either as dollars or as a percentage of your pay.


Please check with your employer to make sure you are able to make salary sacrifice contributions.

How much do you want to contribute via salary sacrifice?

\$, . per pay period

OR % of my salary per pay period

SECTION 3 — Declaration

 Please read this Declaration before you sign and date your form.

- I declare that the information provided is complete and correct.
- I understand that my salary sacrifice contributions will be invested according to my chosen investment option or options.
- I understand all contributions must be preserved until I become eligible to receive my superannuation benefit.
- I understand that I will be bound by the provisions of the Trust Deed and Regulations of UniSuper as amended from time to time, and that I can inspect these documents on request.
- I consent to my salary sacrifice contributions deducted, via payroll deductions, before tax.
- I have read the information about privacy and how my personal information may be used in my UniSuper membership Product Disclosure Statement or on the UniSuper website at www.unisuper.com.au/privacy.

Signature



Date (DDMMYYYY)

OFFICE USE ONLY

To be completed by a Payroll Officer

Payroll number

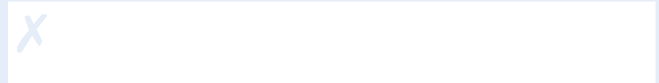
Employer number

Employer name

Salary sacrifice contribution start date (DDMMYYYY)

Name of Payroll Officer

Signature of Payroll Officer



Date (DDMMYYYY)

Employer date stamp