

ADDITIONAL PRE-TAX SUPERANNUATION: SUPER CHOICE FORM

(SMSF, APRA or RSA super fund)

Eastern Health

SALARY PACKAGING

1: PERSONAL DETAILS

Employee Name REQUIRED	Employee Number REQUIRED
Email	Phone Number
Tax File Number (TFN)	

2: NOMINATE YOUR SUPERFUND

(Please use this form to nominate either the SMSF or APRA/RSA Super Fund below to commence salary sacrifice contributions)

Fund ABN	Fund Name	
Fund Address		
Suburb/town	State	Postcode

SELF MANAGED SUPER FUND (SMSF)

- You will need current details from your SMSF trustee to complete this section
- You **must attach** a document confirming the SMSF is an ATO regulated super fund.
You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at www.superfundlookup.gov.au

Fund electronic service address (ESA)		
Fund Bank Account	BSB	Account Number

APRA OR RSA FUND

- You will need current details from your APRA regulated or RSA to complete this section
- You must attach** a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer.

Unique superannuation Identifier (USI)	
Your Account Name	Your Member Number

3: SUPER CONTRIBUTIONS (Please nominate a fortnightly deduction amount (per pay))

Amount or Percentage

Please note: **Permanent** employees to nominate **a dollar amount**.
Casual employees to nominate **a percentage amount**.

I wish to apply to Salary Packaging additional (Pre-tax) superannuation contributions. I have read, understood and accepted the Terms and Conditions of Salary Packaging at Eastern Health, which is available at Eastern Health Salary Packaging website under 'Employee Benefits' – 'Salary Packaging'.

REQUIRED	REQUIRED
Employee Signature	Date / /

