Ambulance Officers regular superannuation contributions





(including all SA Ambulance Service Superannuation Scheme members)

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed form to your employer/HR delegate via email.

Complete this form if you wish to change your compulsory contributions or start, change or cancel any voluntary contributions. This request will replace any existing salary sacrifice and superannuation contributions you have in place with your employer, and will be treated as a new arrangement.

Client ID/Member Number:									

(I)	Employees should complete if they wish to change their compulsory contributions or start, change or cancel any voluntary contributions:
\odot	cancel any voluntary contributions:

- · Triple S/Super SA Select members who are either:
 - operational ambulance employees, or
 - contributory members who transfered from SA Ambulance Service Super Scheme
- SA Ambulance Service Super Scheme (SAASSS) members who wish to change their compulsory contributions or make voluntary contributions to SAASSS

If you only want to cease or change your current after tax voluntary contributions you can use the existing "Change my regular after-tax contributions" form. This will not impact your current Salary Sacrifice arrangement with your employer. If your Employer superannuation contributions are not being paid to Triple S, Super SA Select or SA Ambulance Service Super Scheme do not complete this form. You will need to complete the "Salary Sacrifice for Superannuation" form available at supersa.sa.gov.au.

1. Personal details Title		Date of birth	
Given Name(s)			
Family Name			
Email address*			
Mobile phone*	Work phone	Home phone	
Street address			
Suburb		State	Postcode
Postal address (if different from above)			
Suburb		State	Postcode
Employee number			

2. Select your scheme

What scheme are your employer contributions currently being paid to?

NOTE: Your compulsory and voluntary contributions can only be made to the scheme your employer contributions are being made to.

Triple S or Super SA Select

SA Ambulance Service Super Scheme

If you wish to Salary Sacrifice any voluntary contributions into Triple S you will need to complete the "Salary Sacrifice for Superannuation" form available at supersa.sa.gov.au

DATE OF ISSUE: 1 JULY 2024 OFFICIAL: SENSITIVE (when completed) ASFM06B PAGE 1 OF 3

^{*}By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive important account information from us.

Ambulance Officers regular superannuation contributions





(including all SA Ambulance Service Superannuation Scheme members)

3. My compulsory contributions Select your compulsory superannuation contributions	
! Important If you are making compulsory contributions as an operatio	nal employee, should you change to an employment arrangement where tributions you continue to make will become voluntary, unless you elect to
Triple S and Select members You may only select one of these options for your compulsory superannuation contributions. 1. 5.3% before-tax (salary sacrifice) 2. 4.5% after-tax (This includes contributory members that have transferred from the SA Ambulance Service Super Scheme that are under 60.) 3. Do not change my compulsory contribution The below members are not required to make compulsory contributions. Former member of the SA Ambulance 4. Service Super Scheme and over the age of 60. 5. Casual operational employee only. Please complete section 4 or 5 if you wish to make any additional cont Note - All options are a percentage of your superannuation salary, if you your compulsory contributions.	
4. Start, change or cancel my voluntal Note - This is in addition to the compulsory contributions listed in section. ① Important - Tax and limits Triple S members Although there is no limit to the amount of employer and salary sacrifice contributions you make to your Triple S account, there is a limit to the amount that will be taxed concessionally on exit. For more information refer to the Triple S Reference Guide at supersa.sa.gov.au.	
OPTION A: Salary sacrifice a set \$ dollar amount each fortnight Amount of salary sacrifice contribution each fortnight In words, please write out this amount in full:	OPTION B: Salary sacrifice a set % each fortnight Percentage of salary to be sacrificed each fortnight In words, please write out this percentage in full:
OPTION C: Cancel my voluntary salary sacrifice arrangement. I no Please ensure you account for all other deductions, including compulsory you do not elect to contribute an amount greater than your take home particularly	y contributions, before submitting your request. You need to ensure that
must be a whole number when you combine section 5 with any com a percentage of your salary before tax. For more information refer to	on 3. However, the percentage needs to be a whole percentage. ons that you wish to make. However, your total after tax contributions apulsory contributions in section 3. After-tax contributions are based on the Triple S Reference Guide at supersa.sa.gov.au.
OR Cancel my voluntary after-tax contributions to my superannuation.	ary paid as after-tax contributions to my superannuation.

Ambulance Officers regular superannuation contributions





(including all SA Ambulance Service Superannuation Scheme members)

6. Employee Declaration

I declare that the statements above are true and correct and understand

- that the election will remain in force until I notify my employer in writing of any further changes.
- By signing this agreement, I am authorising my employer to contribute on my behalf into my nominated superannuation scheme.
 These contributions will be deducted by my employer from either my after-tax or before-tax salary, depending on my instructions, for each relevant pay period.
- The salary sacrifice agreement (if applicable) is an arrangement between myself and my Employer for future salary only.
- It is my responsibility to monitor whether my concessional and non-concessional contributions (employer contributions plus salary sacrifice contributions) exceed any caps that could apply to me.
- the relevant Reference Guide is available on the Super SA website and am aware of any tax payable. Contributions to Triple S and SA Ambulance Service Superannuation Scheme will not count towards the First Home Super Saver (FHSS) Scheme.
- Any concessional contributions made to Triple S will be counted towards my concessional contributions cap where I am also receiving concessional contributions in a taxed super fund.
 Even though I cannot exceed this cap as a result of concessional contributions made to Triple S, any additional concessional contributions to a taxed fund could result in me exceeding the cap.
 I acknowledge that I can find more information about tax in super in the Triple S Product Disclosure Statement and on the ATO website.

Signature 🔀

Signature

- If I elect to make contributions via a salary sacrifice arrangement these contributions are preserved until I retire after my preservation age, unless I die or become permanently disabled or terminally ill.
- By signing below, I will indemnify my employer from and against:
- Any income tax or any other taxation liability whatsoever (including any administrative penalty, fine or other amount) that may become payable pursuant to any relevant taxation legislation and rulings, and
- Any other liability whatsoever not otherwise described above, in respect of the contributions by my employer, which includes any information supplied by my employer including but not limited to any estimate of total annual earnings and the amount of the contributions and any matter not otherwise described herein, and
- All charges, costs, damages, disbursements, fees, losses suffered or incurred by my employer in relation to any matter associated with the contributions by my employer.

Financial Advice Certification

Date D D / M M / Y Y

I, the person named on the first page, hereby acknowledge that any financial advice required to inform or support my decision to salary sacrifice is solely my responsibility and any such advice must be obtained independently from my employer or my selected nominee.

7. Employer Declaration
This section needs to be signed by your employer's salary sacrifice delegate

① Important - Super SA must approve any changes to Compulsory Contributions or any Triple S After Tax contributions. Approval can be obtained by emailling agency@sa.gov.au and attaching a copy of this form.

The employer agrees and acknowledges as follows (select 1):

That upon the employee signing and delivering this Agreement to the employer, the employer will commence making the deductions and contributions for salary sacrifice from the next pay period in which the agreement is processed, as outlined in the Employee Declaration (section 6).

On behalf of the employer, I hereby acknowledge and agree to terminate the salary sacrifice of superannuation by the employee listed on the second page of this form.

Employer salary sacrifice delegate information:

Name

Phone

Email address

Once this form is completed and signed by the member and employer the form is to be sent to: SAASPayrollDoc@sa.gov.au

8.	Pay	/rol	l Act	ion	(Payro	oll use or	ıly)

DATE OF ISSUE: 1 JULY 2024 OFFICIAL: SENSITIVE (when completed) ASFM06B PAGE 3 OF 3