

# Voluntary Pre-tax Contributions

Payroll Deduction Authority



Once the form is complete, remember to sign and date it and return it to your payroll officer.

✉ PO Box 656, Burwood NSW 1805  
 ☎ 1300 658 776  
 🌐 www.catholicsuper.com.au  
 🐦 @AskAusCathSuper  
 @ fundoffice@catholicsuper.com.au

**i** Your employer may restrict the amount you can contribute from your pre-tax salary. You should contact your payroll office or your employer to confirm your arrangements.

## **i** Important

Client ID login allows you to access our service via the internet. Ask us about setting up this convenient service.

## 1 Your details

Client ID	Account number	Date of birth	Male	Female
1		DD MM YYYY	<input type="checkbox"/>	<input type="checkbox"/>
Title	Surname			
Given names				
Postal address				
Suburb	State	Postcode		
Mobile	Home telephone number			
Email				
Employer name				
Payroll number				

## 2 Your Tax File Number

I advise that my Tax File Number is

Alternatively, tick this box to authorise your employer to provide your TFN to Australian Catholic Superannuation.

**i** Australian Catholic Superannuation is authorised to ask you for your TFN under the Superannuation Industry (Supervision) Act 1993. Choosing not to provide your TFN is not an offence, but it may mean that you pay higher tax on your contributions and when you access your benefit in the future.

Form continues overleaf ▶



Australian Catholic Superannuation – Offices in, Brisbane, Canberra, Perth, Port Macquarie, Sydney, Townsville

### 3 Your pre-tax contributions

Please deduct the following percentage or dollar amount from my gross salary as a voluntary pre-tax contribution to my Australian Catholic Superannuation account:

% of my total gross salary

OR

\$        of my total gross salary

My contribution is paid

Weekly  Fortnightly  Monthly

#### ! Take note

Don't forget to sign and date your form before sending it back to your payroll officer.

### 4 Authorisation

I understand that by signing this form my gross salary will be reduced accordingly by the amount specified in Section 3 of this form. I understand and acknowledge that:

- I have read the *Contributions* fact sheet and I am aware that concessional contributions are subject to annual limits.
- It is my responsibility to monitor my contributions and the limits that apply to me.
- All benefits accumulated on a pre-tax (PAYG) basis with Australian Catholic Superannuation are preserved as required under superannuation law.
- I have read and understood the *Superannuation Plan Product Disclosure Statement* and am aware that limits apply for pre-tax contributions.
- This arrangement can be amended or cancelled at any time by my employer or myself (with the approval of my employer).
- The information contained in the *Superannuation Plan Product Disclosure Statement* is general in nature and that I should seek professional advice in relation to my personal situation before amending my contribution.

Signature

Date



**PRIVACY STATEMENT:** By signing this form you consent to Australian Catholic Superannuation and Retirement Fund collecting and using your personal information to manage your superannuation and to comply with relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation. Your personal information may be disclosed to other parties, including the Trustee Board, the Fund's insurer and professional advisors, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit [catholicsuper.com.au](http://catholicsuper.com.au) or phone **1300 658 776**.

### Contact us

Please sign and date this form and return it to your payroll officer.

For more information contact our helpful staff:

- 1300 658 776
- [www.catholicsuper.com.au](http://www.catholicsuper.com.au)
- [fundoffice@catholicsuper.com.au](mailto:fundoffice@catholicsuper.com.au)
- @AskAusCathSuper

