

request to make ongoing deductions from my pay into my super account

HESTA

This form can be used to arrange before or after-tax deductions from your salary to your HESTA account. Complete all parts of this form and hand it to your employer.

1 Your member details

Member number:

Date of birth:

Title: Ms Mrs Miss Mr Dr Other

Gender: F M

Given name/s:

Family name:

2 Employment details

Employer:

Payroll number:

3 Payment details

Amount I would like to deduct from my salary:

\$.

How often I would like to make deductions:

Weekly Fortnightly Monthly Annually

Deduction type:

After-tax

After-tax deductions are taken from your account after taxes have been paid. We must have your tax file number (TFN) on file to accept after-tax deductions. You may be eligible to receive the government co-contribution for after-tax deductions to your super. To find out if you're eligible visit hesta.com.au/co-cont

I would like to make after-tax deductions from my salary.

Before-tax*

Before-tax deductions are taken from your account before taxes are paid. These deductions are often called salary sacrifice. Your employer may or may not allow before-tax deductions.

Before applying ensure:

- your employer allows salary sacrifice
- you check if the compulsory super your employer pays for you will continue to be calculated on your full income (before the salary sacrifice)
- if you work under an award or agreement, you meet any salary sacrifice award/agreement requirements and your employee entitlements (annual and long service leave; worker's compensation; termination payments and any other entitlements will not be adversely impacted).

I would like to make before-tax (salary sacrifice) deductions from my salary.

*Note: Before-tax / salary sacrifice contributions do not attract the government co-contribution.

4 Declaration

I understand these contributions will be paid to HESTA.

This authority shall remain in place until withdrawn by me in writing.

I authorise my employer to provide my tax file number to HESTA.

I declare that I have read all the information supplied and that the details on this form are correct.

Employee signature:

Date:

Employer signature:

Date:

Please keep a copy for your records

contact us

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Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL 235249, the Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. This authority is an agreement between the employer and employee.