

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 by typing information or if writing use CAPITAL letters, and hand it to your employer. **Do not send this form to HESTA.**

1. Personal details

Member number:

Given name/s:

Family name:

Date of birth:

Residential address (PO Box not accepted):

Suburb

State / Terr.

Postcode

Postal address (only complete if different from above):

Suburb

State / Terr.

Postcode

Mobile or daytime phone number:

Email:

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 ☒ quarterly

☒ annually

Deduction type:

☒ **Before tax contribution (salary sacrifice)***

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

☒ **After tax contribution**

After-tax deductions are taken from your salary after taxes have been paid. HESTA 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/cocontribution

Before applying ensure:

- your employer allows 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.

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

4. Declaration

I understand this is an agreement between myself and my employer.

Date from which instruction is to apply:

Employee signature:

Date:

Employer signature:

Date:

Please keep a copy for your records

contact us

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