

Super Sacrifice Claim Form



Phone 1800 082 006

Name :

Address:

Contact Phone:

Please indicate below what percentage or amount of super salary sacrifice you would like claimed on top of the standard 9.5%.

Amount	Percentage	Is this an ongoing claim?
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Super Salary Sacrifice claim

Note: If you select an amount or percentage this will be deducted each pay cycle.

I declare that I am responsible for my super salary sacrifice. I understand and acknowledge that:

1. I am wholly responsible for this super salary sacrifice claim and to notify payme of any changes of my super amount that is being super sacrificed. I am responsible to monitor that I do not go over the threshold of superannuation and do not hold PayMe liable.
2. I am responsible for obtaining independant financial advice regarding the super salary sacrifice of this and PayMe accepts no liability should I fail to seek financial advise or for any financial advice I have independantly sought.
3. PayMe accepts no liability should I incur additional income tax or other costs, now or in the future, as a result of this salary sacrifice claim.
4. I agree to reimburse PayMe the full cost of any Fringe Benefits Tax liability or penalty incurred as a result of this super salary sacrifice claim.
5. If my contract terminates before the full amount is able to be super salary sacrificed, any outstanding amount will be deducted from my final pay.

Signature:

Date: