



Regular Voluntary Contribution form

Complete this form to start, change or cancel regular voluntary contributions



Making regular voluntary contributions

You can start, change or cancel regular voluntary contributions through regular payroll deductions.

All contributions are subject to preservation rules and therefore must remain in the superannuation system until you reach your preservation age and retire permanently from the workforce or reach age 65. Please see your UniSuper membership Product Disclosure Statement or the UniSuper website for rules regarding superannuation preservation.

Your regular voluntary member contributions will be invested in the investment option or options you have chosen for your accumulation component. If you have not selected an option they will be invested in the Balanced option, which is the default.

UniSuper's *Building bigger benefits* booklet provides information on how you can make more of your super through voluntary contributions. You may download a copy from the website at www.unisuper.com.au or request one from the Helpline on 1800 331 685.

Further information

If you need further information or help to complete this form:

- email enquiry@unisuper.com.au
- call the **UniSuper Helpline** on **1800 331 685**, or
- visit our website at www.unisuper.com.au

Privacy information

The privacy of your personal information is important to us, and the Trustee, UniSuper Limited is bound by the *Privacy Act 1988*.

Further details are provided in your UniSuper membership Product Disclosure Statement. Full details of UniSuper's Privacy Policies are provided online at www.unisuper.com.au

SECTION 1 — Member details

▶ Please use BLACK or BLUE BALL POINT PEN and print in CAPITAL LETTERS.

Cross where required **X**

Title: Mr Mrs Ms Dr Professor

Other

Surname

Given names

Date of birth (DD/MM/YYYY)

/ /

Contact number (during business hours)

()

UniSuper Member Number

(If you are unsure of your Member Number, refer to your most recent Benefit Statement or call the Helpline.)

form continues →



SECTION 2 — Contribution options

▶▶ You may choose to start, change or cancel regular voluntary contributions through payroll deductions.

If you wish to make your regular voluntary contributions through payroll deductions, please check with your employer to ensure they allow you to do so. Payroll deductions are generally not available for casual employees.

Which of the following would you like to do?
(Select one box only)

Start regular voluntary contributions via payroll deductions ▶ Go to SECTION 3

Change or cancel existing regular voluntary contribution arrangements via payroll deductions ▶ Go to SECTION 4

SECTION 3 — Start contributions via payroll deductions

▶▶ You may choose any amount for your regular voluntary contributions — specified as dollars or as a percentage of your pay.

You may also choose to make your payroll deductions from your before-tax or after-tax pay.

If you wish to make your regular voluntary contributions on a before-tax basis (i.e. as salary sacrifice), please check with your employer to make sure this option is available.

How much do you want to contribute via payroll deductions?

\$, per pay period

OR % of my salary per pay period.

Do you want to make your regular voluntary contributions from your before-tax pay (e.g. salary sacrifice) or from your after-tax pay?

(Select one box only)

Before-tax pay ▶ Please make an arrangement with your employer for this to occur.

Go to SECTION 5

After-tax pay ▶ Go to SECTION 5

When you have completed this form please return it to the **Payroll Officer** at your workplace, who will arrange for the deductions to be made from your pay.

SECTION 4 — Change or cancel contributions via payroll deductions

Do you wish to change or cancel your current regular payroll deductions?

(Select one box only)

Change ▶ What is the new amount you wish to contribute per pay period?

\$, per pay period

OR % of my salary per pay period.

When you have completed this form please give it to the **Payroll Officer** at your workplace who will arrange for the changes to be made to your payroll deductions.

Go to SECTION 5

Cancel ▶ When you have completed this form please give it to the **Payroll Officer** at your workplace who will arrange for the changes to be made to your payroll deductions.

Go to SECTION 5

SECTION 5 — Declaration

▶▶ Please read this Declaration before you sign and date your form.

- I declare that the information provided is complete and correct.
- I have received, read and understood the information in my UniSuper membership Product Disclosure Statement and in the booklet, *Investing for the future*, and I understand that:
 - my regular voluntary contributions will be invested according to my chosen investment option or options;
 - investing in an option involves some risk and on occasion my account balance may decrease;
 - UniSuper allows me to change my investment option or options once each month. The first switch in each financial year is free and there is a fee for any subsequent switches I make each financial year.
- I understand my regular voluntary contributions must be preserved until I become eligible to receive my superannuation benefit.
- I understand that I will be bound by the provisions of the Trust Deed and Regulations of UniSuper as amended from time to time, and that I can inspect these documents on request.
- I have read the information about privacy and how my personal information may be used in my UniSuper membership Product Disclosure Statement or on the UniSuper website at www.unisuper.com.au/privacy.

Signature

X

Date (DD/MM/YYYY)

/ /

Returning your form:

Return your completed form to your **Payroll Officer** at your current place of employment.

If you do not have a Payroll Officer, then you can return your completed form to UniSuper by mail to:

UniSuper
Level 37, 385 Bourke Street
Melbourne VIC 3000

OFFICE USE ONLY

To be completed by a Payroll Officer

Payroll number

Employer number

Employer name

Voluntary contribution start date (DD/MM/YYYY)

/ /

Before-tax contributions

No

Yes

Name of Payroll Officer

Signature of Payroll Officer

X

Date (DD/MM/YYYY)

/ /

Employer date stamp

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