

Salary Packaging Application Form

Additional Superannuation Contributions

To Submit this Form:

1. Fill in all details
2. Print the form
3. Place employee and employer signature at the bottom
4. Send your completed and signed form to: SalaryPackagingAdmin@fleetpartners.com.au

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Employment Information

Employer:

Employment Status:

Payroll No.:

Pay Frequency:

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Personal Information

Title: Mr. Ms. Miss Mrs. Dr. Other:

Given name (s):

Surname:

Date of Birth:
(dd/mm/yyyy)

Gross Annual Salary: \$

Phone (Work):

Phone (Mobile):

Email Address:

Residential Address:
(Unit or Apt. no. / Street Name
Suburb / State / Postcode)

Postal Address:
(if different from above)

Superannuation: I authorise \$ _____ to be deducted from each pay for remittance to my nominated super fund

Frequency:

Every pay period Once off

Type of Super Fund:

Public Super Fund

Self-Managed Super Fund

Fund name:

Fund name:

Member number:

Fund ABN:

Fund ABN:

Fund electronic service address:

Fund USI:

I have checked my fund is a complying fund and will accept contributions from FleetPartners

Account name:

BSB: Account:

I have attached a letter of compliance

3**Employee Declaration**

By signing this form, I:

- declare that the information provided is true and correct to the best of my knowledge;
- understand that I will be required to pay a fee for the salary packaging services, and that this may be deducted from my salary sacrifice amount by my employer;
- authorise FleetPartners to administer and, where required, alter my deductions in accordance with the requirements of this benefit, including the calculation of any applicable fringe benefits tax and/or employee (post-tax and pre-tax) contributions;
- acknowledge that additional superannuation contributions to my nominated superannuation account will only occur when sufficient funds have been received by FleetPartners;
- understand that any incorrect information provided to FleetPartners that results in a fringe benefits tax debt will be my liability;
- acknowledge that the salary sacrifice for additional superannuation contributions will result in a Reportable Employer Superannuation Contribution to be reported on my annual PAYG payment summary;
- understand that it is my responsibility to ensure that my superannuation fund is compliant with the relevant requirements for the purpose of this salary package benefit;
- acknowledge that any information provided by FleetPartners does not constitute financial or taxation advice and that FleetPartners recommend that I seek independent professional advice before entering into a salary packaging arrangement, including gaining an understanding of the relevant concessional contribution limits and their makeup;
- have read, understand and agree to the [FleetPartners Salary Packaging Services - Terms and Conditions](#); and
- have read, understand and agree to the [FleetPartners Privacy Policy](#)

Employee Signature:

Date:

Employer Signature:

Date: