



Superannuation Package Set Up

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Employer Details

Employer Name	<input type="text"/>	Employer Location	<input type="text"/>
Payroll Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Pay Close Off Day	<input type="text"/>

Employee Details

Title	<input type="text"/>	Given Name	<input type="text"/>	Middle Name	<input type="text"/>	
Last Name	<input type="text"/>			Date of Birth	<input type="text" value="DD / MM / YYYY"/>	
Annual Salary	\$ <input type="text"/>	Date Commenced Employment	<input type="text" value="DD / MM / YYYY"/>		Employee No	<input type="text"/>
Postal address for correspondence						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Home Phone	(<input type="text"/>) <input type="text"/>	Work Phone	(<input type="text"/>) <input type="text"/>	Ext	<input type="text"/>	
Mobile	<input type="text"/>	Email	<input type="text"/>			

Superannuation

I authorise a deduction of	\$ <input type="text"/>	each pay from my pre-tax salary for remittance to:	
Name of Fund*	<input type="text"/>	Super Fund ABN	<input type="text"/>
Superannuation Product Name	<input type="text"/>	Member Number	<input type="text"/>
Personal Tax File Number	<input type="text"/>		
Unique Super Identifier (USI)	<input type="text"/>		

ADDITIONAL INFORMATION FOR A SELF-MANAGED SUPER FUND

Name of Fund*	<input type="text"/>	Fund ABN	<input type="text"/>
Electronic Service Address (Mandatory)			
Trustees			
Trustee Email	<input type="text"/>	Home Phone	(<input type="text"/>) <input type="text"/>
BSB	<input type="text"/>	Account	<input type="text"/>

*Attach Letter of Compliance

Substantiation

Employees must prove payments are being made into legitimate benefit items for taxation purposes. Please provide copies of your statement or a document listing your Super Membership number and your Super Fund Letter of Compliance.

Selectus is unable to remit any payments without receipt of substantiation for each item in this Superannuation Package Set Up Form.

PHONE: 1300 01 02 03 FAX: 1300 03 02 01 EMAIL: super@selectus.com.au WEB: selectus.com.au



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Fees

The number of free alterations per year has been agreed with your Employer. A fee will apply for each additional alteration over the free limit. Any applicable administration fees will be deducted from your pre-tax salary.

Employee Declaration

Your Employer's Policy may require their authorisation and/or confirmation of your eligibility to package, or your Employer's signature may be required on this form. Selectus will need to receive this from you before we can set up your Salary Package.

- I agree to package these payments.
- I confirm the payee, amount and account details are correct.
- I authorise my Employer to adjust my salary as shown and remit to Selectus each pay cycle.
- I agree to immediately repay any amounts paid on my behalf that exceed the agreed package.
- I acknowledge that my Employer's liability for the payment of Fringe Benefits Tax (FBT), if any, in relation to my package is my responsibility and payable by me.
- I acknowledge that Selectus employees have not provided tax or financial advice and that no information, either verbal or printed, I received from Selectus constitutes taxation or financial advice.
- I acknowledge and consent to the use and disclosure of my personal information between Business Units of the Selectus Group for information and administration of 'Autovate by Selectus' Novated Lease and other salary packaged benefits.
- I acknowledge that it is my responsibility to establish what effect, if any, this salary packaging will have on any Government Assistance I receive.

I confirm that the information provided in this form is true and correct, and acknowledge the Employee Declaration (Must be ticked).

Employee Name

Employee Signature

Date

DD / MM / YYYY

Personal Information

The personal information collected on this form is used for the purpose of administering your salary packaging arrangements on behalf of your Employer and managing your account. This information will be passed on to the Payroll Department of your Employer and may be disclosed to third party service providers in accordance with our Privacy Policy. Your personal information may be used by Selectus to keep you informed of new products and services from time to time. If you do not wish to receive promotional material from us, please let us know.

Details of the [Privacy Policy](#) and [Complaints Handling and Dispute Resolution](#) are available on the Selectus website selectus.com.au.

Form Submission

You can forward this Superannuation Package Set Up form, copies of your statement or a document listing your Super Membership number and your Super Fund Letter of Compliance by:

Fax

1300 03 02 01

Email

super@selectus.com.au

Mail

Locked Bag 4000, Melbourne VIC 3001

PHONE: 1300 01 02 03

FAX: 1300 03 02 01

EMAIL: super@selectus.com.auWEB: selectus.com.au