

Highlighted text is to be completed with relevant information.

Green text are optional clauses. Convert to match black font or delete clause if not applicable.

Red text are guidance notes and need to be deleted along with this text box.

Date

Employee name

Address line 1

Address line 2

STATE Postcode

BY HAND/ EMAIL: email address if applicable

Dear Employee Name,

Salary sacrifice to super agreement

We confirm you have requested that Employer name sacrifice an amount of your pre-tax salary to your superannuation fund.

Employer name has agreed to this arrangement (the 'Salary Sacrifice Agreement'), the details of which are set out below:

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1. Your annual gross (pre-tax) salary, exclusive of compulsory superannuation contributions ('Gross Salary') is: \$gross salary amount.
2. Your superannuation fund details ('Super Fund') are: Employee's super fund.
3. The amount of Gross Salary you wish to salary sacrifice to the Super Fund per year is details, e.g. certain % or dollar amount.
4. The date the Salary Sacrifice Agreement will commence is commencement date
5. The Salary Sacrifice Agreement will continue until further notice.
6. Either you or Employer name may terminate the Salary Sacrifice Agreement by giving the other seven days' written notice.
7. The Salary Sacrifice Agreement is subject to these arrangements being acceptable to your Super Fund.

Please note:

- Nothing in the Salary Sacrifice Agreement will affect Employer name obligations to pay compulsory superannuation contributions (currently 9.5% of your Gross Salary) on your behalf. The amount you are salary sacrificing is in addition to, and does not count towards, Employer name compulsory superannuation contributions.
- Entitlements which are calculated by reference to your Gross Salary (such as leave) are not affected by the Salary Sacrifice Agreement.

If you wish to accept the terms of the Salary Sacrifice Agreement, please sign, date and return a copy of this letter to name and keep another copy for your records.

Please note, you may need to complete additional paperwork with your Super Fund.

Yours sincerely,

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Signatory name

Signatory title

Employer name

I, **Employee name**, have read and understood the contents of this letter and wish to enter into the Salary Sacrifice Agreement in accordance with the terms set out above.

Employee

signature:

Date:

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