PAYROLL DEDUCTIONS AUTHORITY FOR VOLUNTARY CONTRIBUTIONS

About this form

Please complete this form if you wish to start, change or stop making contributions to NGS Super via your employer.

More information can be found in our fact sheet **Opportunities** and limits for super contributions available at ngssuper.com.au/PDS

If you need help

If you're unsure of your decision, consider obtaining professional advice. We offer:

- · advice at no extra cost through our advice Helpline, or
- through our Customer Relationship Managers who may be able to meet face-to-face.

To make an appointment phone us on **1300 133 177.**

Your Tax File Number

You must have provided your Tax File Number (TFN) to us to make after-tax contributions. If your TFN has not been provided, an after-tax contribution cannot be accepted and will be returned to you.

Contributions from before-tax salary will be accepted by us, however, these will be subject to additional contributions tax unless your TFN is provided.

If you are uncertain as to whether or not you have provided your TFN, you can check these details through your *Member Online* account at **ngssuper.com.au/MOL** or by contacting us on **1300 133 177**.

Return this form

Your completed form should **be returned to your Employer.**

Step 1. Complete your personal details	Please print in black or blue pen, in uppercase, one 🛛 🖌 🕜
Title Mr O Mrs O Ms O Miss O Other	Date of birth
Given names	
Surname	
Payroll number	

Step 2. Your contributions – START, STOP

To start making contributions after tax ¹ I wish to start making contributions at the rate of 8 of my salary or \$, b per pay period
To start making contributions pre-tax (salary sacrifice) ¹ I wish to start making contributions at the rate of
To stop making contributions
○ I wish to stop making contributions effective from the next pay period.
¹ subject to employer approval and in addition to any compulsory defined benefit contributions

Step 3. Sign the form

Please sign this form before returning it to your employer. By signing this form I:	
 acknowledge that I have read the information provided in the Product Disclosure Statement and fact sheet Opportunities and limits for super contributions available at ngssuper.com.au/PDS on contributions 	
\cdot understand that my employer has the option to approve any contributions made from my pre-tax pay	
\cdot authorise the deduction of my contributions to commence from the next pay period after the employer approval date	
 understand that any contributions from my after-tax pay will not be accepted if I have not provided my Tax File Number to NGS Super 	
\cdot understand that the choices I have indicated on this form will remain in force until I advise my employer otherwise.	
Signature Date / / / / /	
Please return your completed form to your employer's payroll office.	
Step 4. Employer approval	
The employer agrees to these arrangements and will commence contributions from your next pay period after the approval date.	
Signature Date / / / / /	
Employers please note this form is for you to action as required - there is no need to pass this form on to NGS Super.	

Issued by NGS Super Pty Limited ABN 46 003 491 487 AFSL No 233154 the trustee of NGS Super ABN 73 549 180 515

