



SA METROPOLITAN FIRE SERVICE SUPERANNUATION SCHEME

Trustee: SA Metropolitan Fire Service Superannuation Pty Ltd

ACN 068 821 750

NOTIFICATION OF TERMINATION OF SALARY SACRIFICE ARRANGEMENT Additional Voluntary Contributions

PERSONAL DETAILS

Name

Payroll No. or
Member No.

Amount of existing voluntary
contribution per pay to be ceased.

\$

I hereby advise that I have provided authority to cease a salary sacrifice arrangement for additional voluntary contributions (as nominated above) from the SA Metropolitan Fire Service Superannuation Scheme.

Also, I declare that I have read, understood and agree to the following:

1. This authority replaces any previous authority.
2. Salary Sacrifice Additional Voluntary Contributions will cease being credited to my Salary Sacrifice Account with the SA Metropolitan Fire Service Superannuation Scheme.
3. Due to Preservation, I note that I can not directly receive payment of this amount until I have reached my nominated preservation age detailed in legislation and also am permanently retired from the work force.
4. Information on this form will be handled by the Scheme to process your contribution choice. It may be disclosed to the administrator, your employer and other parties as required. By signing this form you agree to this handling of your personal information. If you do not give this information, your contribution choice will not be implemented. You may access your personal information by contacting the Scheme's Privacy Officer.

Signature

Date

OFFICE USE ONLY

Version May 2020

Payroll – Team 10, Shared Services

Confirmation authority has been actioned by

Signature

Name

Cessation Date

SAMFS Super Scheme

Authority noted by:

Initials

Date

PLEASE FORWARD TO SAMFS SUPER SCHEME GPO BOX 98 ADELAIDE SA 5001