IOOF

# Salary sacrifice

This form can be used to arrange salary sacrifice (before tax) deductions from your salary to your IOOF account.

Return this completed form to your employer. **Do not return this form to IOOF.**

## 1. Your IOOF account details

Account number

Contact telephone number (business hours)

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Date of birth Gender Male ☐ Female ☐

Email

## 2. Deduction details

To (name of your employer):

I have read the current Product Disclosure Statement for my IOOF super account, and understand that I'm eligible to contribute to my account.

**I would like to make the following salary sacrifice (before tax) contributions into my IOOF account noted above:**

**From** (DD/MM/YYYY) Please deduct from my salary/wages each Week ☐ Fortnight ☐ Monthly ☐

The Sum of $ **OR** %

## 3. Your agreement and declaration

- I understand that this is an agreement between myself and my employer.
- I confirm that I have considered my contribution caps and where necessary, have sought further financial and tax advice.
- I have confirmed with my employer that I am able to make before-tax deductions from my salary.
- I agree that this authority will remain in force until withdrawn by me in writing to my employer.
- I agree that my employer is not responsible for any refusal by IOOF to accept my contributions.

### Signature

Name

Signature

Date (dd/mm/yyyy)

If you have any questions, please contact IOOF on **1800 913 118** or **clientservices@ioof.com.au**



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