



**SUPERANNUATION VOLUNTARY CONTRIBUTION ADVICE FORM**

**Advice of Commencement of or Alteration to Voluntary Contributions**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Super Fund Name: \_\_\_\_\_

Super Fund membership number: \_\_\_\_\_

I hereby elect to commence / alter my voluntary superannuation contributions as follows;

1. I wish to contribute:

2. I wish to contribute:

From my pre-tax salary  
(Salary Sacrifice)

From my after-tax salary

\$ \_\_\_\_\_  
per week

\$ \_\_\_\_\_  
per week

Please make this action effective from the next available pay period.

I fully understand and accept the implications of paying voluntary contributions

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Completion by People @ Work Payroll

Voluntary contributions change actioned and effective from \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_