

SALARY SACRIFICE DEDUCTION APPROVAL FORM

Staff member's name: _____

I give permission for The Housing Connection to deduct the elected amount from my pay each fortnight until otherwise cancelled.

Salary Sacrifice Superannuation:

Fund Name: _____

SPIN: _____

ABN: _____

Membership number: _____

Elected amount: _____ per fortnight

Salary Sacrifice to ~~Payroll~~ / Community Salary Packaging

Account Name: _____

B.S.B.: Not required _____

Account number: Not required _____

Elected amount: (~~Maximum allowable~~ or indicate value) _____ per fortnight

Salary Sacrifice to another nominated account:

Please attach proof of debt in the case of a mortgage or proof of regular payment amount in the case of rent or other regular GST free payments.

Account Name: _____

B.S.B.: _____

Account number: _____

Elected amount: (~~Maximum allowable~~ or indicate value) _____ per fortnight

Salary Sacrifice Meal and Entertainment Card:

Elected amount: _____ per fortnight

I understand that if I cannot provide proof of a regular GST free payment and the amount of that payment then Type 1 gross up rate will be used resulting in an overall lower tax free salary sacrifice threshold. I understand that Salary Benefits are offered to me whilst THC holds an FBT exemption only. Should this exemption be revoked/alterd by the tax office changes to my net income will result. THC will not be responsible for any loss of net wages which may be incurred as a result of any legislative changes. I also undertake not to seek additional government or other benefits as a result of my reduced taxable income under this arrangement. I understand that the amount received in salary benefits will be disclosed on my payment summary at 30 June grossed up by a rate directed by the tax office. While the salary benefit will reduce my taxable income for income tax purposes it may affect other government benefits or charges such as child support, Medicare surcharge levy, HECS debt repayment etc. I also understand that there will be a nominal bank fee charged to the salary benefit card account. On termination of employment I am aware that the card must be returned to The Housing Connection before my final termination payment will be made.

Signed: _____

Date: _____

Manager's Approval: _____

Date: _____