

Change of contributions

This form is to request or change the amount your employer currently contributes from your salary to AvSuper on your behalf each pay period. Please note that contributing more than Government limits may result in tax penalties (for details, refer to our **contribution limits fact sheet** on our website.)

If you need help to complete this form, please contact AvSuper on 1300 128 751. Send your completed form to your *pay section*.

Personal details

Surname

Mr/Mrs/Ms/Miss

Given names

AvSuper member number

Date of birth

Please let us know of any new address details via **AOL** or a **Change of details** form.

Defined benefit section

If you have an AvSuper defined benefit account, you may contribute to the defined section from your after-tax or before-tax salary (check with your employer if before-tax contributions are available).

I would like to change my contribution to the defined benefit section to % (must be whole percentages between 0% and 10%)
of my before-tax salary **OR** after-tax salary.

Accumulation section

You may contribute to AvSuper's accumulation division from your after-tax salary or, if your employer agrees, from your before-tax salary - check with your employer if before-tax contributions (salary sacrifice) are available.

I would like to contribute \$ to the accumulation section each pay from my before-tax salary **OR** after-tax salary.

Note this is the total I want deducted (ie this supersedes any previous arrangements I had in place)

Want help on choosing the best contribution strategy for your circumstances?

AvSuper Advice gives you personalised financial planning advice in person or over the phone – non-retirement advice is often at no charge.

Call 1300 128 751 for your appointment today!

Authorisation

- I authorise my employer to deduct the above amounts from my pay as super contributions from the first available pay period.
- I have read the AvSuper privacy notice (available from www.avsuper.com.au or by phoning 1300 128 751).

Member's signature (If submitting this form via email, please type your name below.)

Date