

Contribution Variation Advice



Please complete the relevant sections of this form using a black or blue pen and BLOCK letters. **This form is only valid if the Authorisation section is signed.**

1. Your personal details

MEMBER NUMBER

SURNAME

(MR MRS MS MISS DR)

GENDER

☐

MALE

☐

FEMALE

GIVEN NAME/S

DATE OF BIRTH

TELEPHONE (Daytime)

MOBILE

EMAIL

2. Contribution rate (Contributory Accumulation Members only)

If you are a member of the Contributory Accumulation category, you may make regular contributions.

I choose to contribute at the following rate (please place a ✓ in the relevant box)

Your contributions ☐ 5% ☐ 4% ☐ 3% ☐ 2% ☐ 0%

Do you wish to make these contributions from your pre-tax salary (salary sacrifice)?

☐ Yes ☐ No

3. Regular voluntary contributions (in addition to the contribution rate selected above)

I would like to make regular voluntary contributions at the following levels (this replaces any existing deductions).

Pre-tax (salary sacrifice) Voluntary Contributions of: \$ per fortnight or %

After-tax Voluntary Contributions of: \$ per fortnight or %

After-tax Contributions for your Spouse \$ per fortnight

SPOUSE ACCOUNT NUMBER

Change of contributions to be effective from

Spouse not yet a member? It's easy to join with a *Spouse member application* available at mercysuper.com.au (in the *Information Hub*)

Please continue over page

4. Eligibility to contribute

To make voluntary contributions you must meet one of the eligibility criteria specified under superannuation laws. To confirm that you are eligible to contribute, please indicate your circumstances below.

- ☐ I am under age 67.
- ☐ I am between ages 67 and 74 and I have worked at least 40 hours within 30 consecutive days in the current financial year.

Please contact Mercy Super immediately if your circumstances change.

You should be aware that the Government has set caps that apply to the superannuation contributions that can be made by, and for, an individual. Read our fact sheet on *Superannuation contribution caps* at mercysuper.com.au (in the *Information Hub*) or give us a call. We'll be happy to help.

5. Authorisation – Read, sign and date

- Where applicable, I authorise my employer to deduct contributions from my pay in accordance with my instructions above. I understand that my employer may require me to complete other documentation to arrange such contributions.
- Where applicable, I understand that a copy of this form may be provided to my employer if required to implement my request.
- I understand that my request will take effect from the next available pay after Mercy Super and my employer has received this notification or after the effective date I have specified above.
- The details provided above are true and correct in every detail and I authorise Mercy Super to update its records accordingly.
- I have received or had the opportunity of reading Mercy Super's Product Disclosure Statements, including any factsheets and guides. I understand that Mercy Super's Financial Services Guide is available upon request and that it can also be read on the Fund's website.
- I have had the opportunity of reading Mercy Super's Privacy Policy and understand and approve how my personal information may be used.
- I understand the information that I have provided will be used for the purpose of administering my account.

MEMBER'S SIGNATURE

D

D

/

M

M

/

Y

Y

Y

Y

DATE

Please send this completed form to:

Mercy Super, PO Box 8334, WOOLLOONGABBA QLD 4102

Fund use only	<div></div>	<div>/ /</div>	<div></div>	<div>/ /</div>
	PROCESSED BY	DATE	CHECKED BY	DATE

Contact us

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