Add to your super through your employer



Talk to your employer first to make sure they're happy to contribute to super from your pay, what your options are and any impacts it might have on your salary and benefits. If your employer agrees, you can either:

- complete this form and give it to your employer, or
- follow the process your employer has in place.

Please complete in pen using CAPITAL letters. Use (X) to mark boxes where applicable.

This form is not used for Super Guarantee (SG) contributions. If you want your employer to pay your super into your AustralianSuper account please complete the *Pay my Super into AustralianSuper* form.



1 Work out if you can add extra to your super
To confirm you can add extra to your super, mark (X) in the box.
Yes, I am under age 75.
Note: From 1 July 2022 if you're between 67 and 74 years old you'll be able to make or get non-concessional and salary sacrifice superannuation contributions (subject to existing contribution caps) without meeting the work test.
You will still need to meet the work test or work test exemption if you wish to claim a concessional personal contribution deduction.
2 Provide your details
Last name Mr Mrs Ms Miss Dr
First name
Date of birth AustralianSuper member number
You must have provided your Tax File Number (TFN) to us to make after-tax contributions. If your TFN has not been provided, an after-tax contribution cannot be accepted and will be returned to you. We'll accept contributions from your before-tax salary however, these will be subject to additional contributions tax unless your TFN is provided. You can check if you've provided your TFN by logging into your account online or calling us on 1300 300 273 from 8am to 8pm AEST/AEDT weekdays.
3 How would you like to contribute?
Before-tax
I wish to contribute \$
After-tax
I wish to contribute \$,
How often do you want to make payroll contributions?
Weekly Fortnightly Once-off

4 Agreement with employer
Employer to complete
I confirm the amount of Superannuation Guarantee contributions I am required to pay on behalf of my employee named above will not be reduced because of their additional payroll contributions.
I confirm there will be no impact on how other benefits are calculated (for example, leave entitlements)
OR
I confirm there will be an impact on how other benefits are calculated as detailed below:
Employer to sign here
Date D D M M Y Y Y Y Y Y Y Y
Employer to print full name here
Employee to sign here Date
Employee to print full name here
Please keep a copy of this request for your records.
Please give this completed form to your employer Don't send it to us or the Australian Taxation Office