



Choice of contribution rate on reduction in salary

Note to employer

Please fill out the section overleaf before giving this form to the member to complete.

Notes to member

If you wish to reduce the number of units for which you are currently contributing, you must complete this form within 2 months of your reduction in salary.

Your privacy

The information you provide in this form is collected by and held for State Super by the fund administrator, Pillar Administration, in accordance with the *Privacy and Personal Information Protection Act 1998*, under which you have rights of access and correction.

For further information about privacy, contact Pillar by writing to PO Box 1229, Wollongong NSW 2500.

1 Personal details

Title (eg Mr Mrs Ms Miss Dr)

Birth date

Family name

Given name/s

Address (please include postcode)

Suburb, Town, City

Postcode

Daytime contact telephone number

Superannuation number (from your statement)

2 Options on reduction in salary

It is important you read and understand the fact sheet provided with this form. Please contact the State Super Customer Service Centre if you need any help or explanation.

I have read and understood SSS Fact Sheet No. 2, *Unit Entitlement*, that explains the legislation affecting my election, and I choose one of the following four options.

Mark one box with a cross.

I wish to take no action:
I will continue to contribute for my higher (pre-reduction) number of units.

I wish to stop contributing for
 units.

Call Customer Service (see below) to find out by how much you are entitled to reduce your contribution.

If your salary was reduced because of ill-health:
I wish my superannuation entitlements to continue to be based on my pre-reduction salary.

If your salary was reduced for another reason:
I wish my superannuation entitlements to continue to be based on my pre-reduction salary.
Please provide a statement to support your request.

3 Your signature

Your signature

Date

4 What to do next

- Call us if you have any enquiries.
You can telephone **Customer Service** between 8.30 am and 5.30 pm from Monday to Friday on 1300 130 096 for the cost of a local call.
- Mail the completed form to:
State Super
PO Box 1229 Wollongong NSW 2500

Employer to complete

Employer code

Employer name

Old (pre-reduction) salary New salary

Date salary was first paid at the reduced rate

DD	MM	YY
/	/	

- Salary was reduced because of ill-health
 Salary was *not* reduced because of ill-health

I certify the particulars provided are true and correct.

Signature of authorising officer

Name *(please print)*

Date

DD	MM	YY
/	/	