

## Choice of Contribution Rate on Reduction in Salary

Please print clearly in black ink.

### Note to employer

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

### Note to members

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.

### 1. Personal details

Member number

Mr/Mrs/Ms/Miss/Dr

Birth date (DD-MM-YYYY)

Given name(s)

Family name

Residential address

Suburb

State/Territory

Postcode

Postal address (if different from residential address)

Suburb

State/Territory

Postcode

Work or Home Daytime contact telephone number

Mobile number

Email address

### If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email **enquiries@stc.nsw.gov.au**

## 2. Options on reduction in salary

It is important you read and understand the fact sheet provided with this form (SSS Fact Sheet 2 *Unit entitlement*). Please contact Customer Service if you need any help or explanation.

I have read and understood SSS Fact Sheet 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 and 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.

Mark one box with a cross.

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

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

## 3. Your signature

**Name** (Print in BLOCK LETTERS)

Your signature

Date (DD-MM-YYYY)

## 4. What to do next

### Return the completed form to

State Super (SSS)  
GPO Box 2181  
MELBOURNE VIC 3001

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# Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Mercer Administration Services (Australia) Pty Ltd, in accordance with STC's Privacy Statement, the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (NSW)*, under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies and third parties.

For further information about privacy, contact Mercer by writing to:

GPO Box 2181  
Melbourne VIC 3001

or visit

[www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au).

ABN 29 239 066 746  
SPIN SAS0101AU

## Employer to complete

Employer code

Employer name

Old (pre-reduction) salary

New salary

Date salary was first paid at the reduced rate

Date (DD-MM-YYYY)

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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)

Telephone number

Date (DD-MM-YYYY)

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