

Date Stamp (Internal Office Use Only)



Future contribution form - Employee instruction to employer

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an X

SECTION 1 - YOUR PERSONAL DETAILS

Payroll number

Last name

Mr

Mrs

Miss

Ms

Dr

First name/s

Male Female

Date of birth (DD/MM/YYYY)

Postal address

Suburb/town

State

Postcode

Street address (if different to postal address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

SECTION 2 - CHANGE IN MEMBERSHIP CONTRIBUTION OPTION

a) Would you like to change your membership contribution option by salary sacrifice?

Yes, fill in details below. No (go to question b)

1% 2% 3% 4% 5% 6% OR % OR \$

b) Would you like to change your membership contribution option by deduction (ie. on an after tax basis)?

Yes, fill in details below. No (go to section 3)

1% 2% 3% 4% 5% 6% OR % OR \$

SECTION 3- YOUR PRIVACY

Your privacy is important to us. Details on how your personal information is collected, managed and used is contained in our Privacy Policy which includes our Privacy Collection Statement and is available at www.wasuper.com.au/privacy/.

SECTION 4 - ACKNOWLEDGEMENT AND DECLARATION

- I understand that in completing and signing this form that any previous member contribution options will be overridden by the new details on this form.
- I have read and understood the Fund's Product Disclosure Statement. In signing this form I acknowledge that I will continue to be bound by the Trust Deed and rules in all respects.

Signature

Date