



Authority to deduct from my pay

Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

- + Complete all sections and make sure you sign the form at Section 4.
- + Please send this completed form to your Payroll Manager.
- + Don't send this completed form to Mine Super.

1. Your personal details

Member number
.....

Names

Address

2. Name of superannuation fund

3. Your contribution (please complete all sections below)

How much do you want to have paid into your superannuation account directly from your pay?
\$ or % of your pay (eg 6%)

This amount is to be deducted (mark 'X' in one box)
 Weekly Fortnightly Monthly

Other (please indicate)

From your before-tax or your after-tax pay (mark 'X' in one box)
 Before-tax pay (known as salary sacrifice. Check your employer will allow this type of contribution) or After-tax pay

4. Member declaration

- + I understand my contributions will be forwarded to Mine Super at the frequency I've nominated above.
- + I agree this authority shall remain in force from the first pay day after it's received by my employer, where possible, until withdrawn by me in writing.
- + I understand these contributions and any earnings will generally be preserved until retirement.
- + In consideration of my employer consenting to make deductions and payments as above, I indemnify my employer against any claim attributable to any act or omission relating to this authority.

Your signature Date (DD-MM-YYYY)

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