

## SUPERANNUATION OPTIONS

Completed Form to be emailed to:  
[pays@sasc.nsw.edu.au](mailto:pays@sasc.nsw.edu.au)

### 1. SCHOOL DETAILS

Name of School:

### 2. EMPLOYEE DETAILS

P.I.N:

Title:  Surname:

Given name/s:

### 3. SUPERANNUATION OPTIONS

Sydney Anglican Schools Superannuation Fund

Non-Government Schools Superannuation Fund    NGS Member Number:

Choice of Superannuation - CHOICE FORM must be completed

#### ADDITIONAL CONTRIBUTIONS

I wish to make additional superannuation contributions after tax of

\$  per fortnight    **OR**     % per fortnight

I wish to make additional superannuation contributions before tax of

\$  per fortnight    **OR**     % per fortnight

I can only change my Superannuation Options three times a year, by completing a new form.

Signature of Employee

Date