



Salary sacrifice

MLC Superannuation

1. Your account details

Account number	Customer number (if known)	Contact telephone number (business hours)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First name	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="text"/>	
Middle name	Family name	
<input type="text"/>	<input type="text"/>	
Date of birth (DD/MM/YYYY)	Email	
<input type="text"/>	<input type="text"/>	

2. Deduction details

To (name of your employer):

I have read the current Product Disclosure Statement and understand that I'm eligible to contribute to my MLC super account.

I would like to make salary sacrifice (before-tax) contributions

From (DD/MM/YYYY)	Please deduct from my salary/wages each		
<input type="text"/>	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month
The sum of	OR		
\$ <input type="text"/>	% <input type="text"/>		

You should consider your contributions caps and seek further advice where needed. For further information visit ATO.gov.au

3. Your agreement and declaration

- I agree that I have checked with you and I am able to make salary sacrifice contributions.
- I agree that this authority shall remain in force until withdrawn by me in writing and I understand that my accumulated contributions and earnings will be preserved.
- I agree that you're not responsible for any refusal by MLC super to accept my contributions.

Signature of Investor

Name

	Date (DD/MM/YY)
	<input type="text"/>

**Please return the completed form to your employer.
Do not send this form to MLC.**

If you have any questions, please speak with your financial adviser, call us on **132 652** Monday to Friday between 8.00 am and 6.00 pm (AEST/AEDT) or visit mlc.com.au/boostyoursuper

Issuer/Trustee

NULIS Nominees (Australia) Limited
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Fund

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