



Salary sacrifice

MLC Superannuation

1. Your account details

Account number

Customer number (if known)

Contact telephone number (business hours)

Title
Mr Mrs Miss Ms Other

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Email

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

Week Fortnight Month

The sum of

\$ OR %

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- I agree that this authority shall remain in force until withdrawn by me in writing and I understand that my accumulated contributions and earnings will be preserved.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)

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
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