# Salary sacrifice form

**Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.**

**If you are eligible to make salary sacrifice contributions complete this form and give it to your employer or payroll manager (not CBUS) to approve and action your request.**

You'll need to let your employer know you'd like salary sacrifice contributions paid directly into your CBUS Super account. It's also worth checking whether making extra contributions could affect any salary-based entitlements you receive.

The government limits how much you can contribute to super each year, and if you go over these limits, extra tax may apply. Before-tax contributions, such as salary sacrifice and your employer's Super Guarantee contributions, count towards your before-tax (concessional) contributions cap. For the 2026/27 financial year, this cap is $32,500.

If your total super balance across all accounts was under $500,000 at the end of the previous financial year, you may be able to use any unused concessional cap amounts from the past five years. You can read our *How super works* guide for more detail and to understand how these rules may apply to you.

## Step 1: Your personal and employment details

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Date of birth

D D / M M / Y Y Y Y

Gender

☐ Male ☐ Female

Given name(s)

Family name

**Residential address** (compulsory)

Suburb/town State Postcode

**Postal address** (if different from your residential address)

Suburb/town State Postcode

Cbus Super member number

Your employee/staff number (if you have one)

## Step 2: Select how much you would like to salary sacrifice

I want to begin making salary sacrifice contributions to my CBUS account as follows:

Contribution amount $ . 0 0 **OR** Percentage of before-tax salary . %

**Frequency** ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ One-off contribution

## Step 3: Choose when contributions should start from

Please start salary sacrifice contributions from (choose one option only):

☐ The next pay run ☐ This date D D / M M / 2 0 Y Y

## Step 4: Sign the form

Sign here:

Date

D D / M M / 2 0 Y Y

## Step 5: Hand to your Employer or Payroll Manager

### Employer use only

Date received

D D / M M / 2 0 Y Y

Date actioned

D D / M M / 2 0 Y Y

Actioned by

# Need a hand?



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**1300 361 784**
8am to 8pm (AEST/AEDT)
Monday to Friday



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