

Election to Change Contributions

Defined Benefit Division (DBD)/Accumulation Super 2 (AS2) members eligible for half contributions

Important

- Please complete this form to change your level of contributions to the Defined Benefit Division/Accumulation Super 2 Plan.
- Use a BLACK or BLUE pen only and write all details in BLOCK letters.
- Write X in the appropriate boxes.
- If you have any questions, please call your Superannuation Officer on ext 29497 or UniSuper's Member Services on 1800 331 685.

Step 1 - Complete your personal details

Member number

Title Mr Miss Mrs Ms Other (please specify)

Surname

Given name(s)

Postal address
 Post code

Phone number (during business hours)

Date of birth / /

Membership Defined Benefit Division (DBD) Accumulation Super 2 (AS2)

If you are unsure which UniSuper Plan you are a member of, call UniSuper's Member Services on 1800 331 685 or the university Superannuation Officer on ext 29497.

Step 2 - Complete your employer details

Employer number Payroll number

Employer name

Step 3 - Election to change contributions

Half Contributions to Full Contributions

I hereby wish to,

- increase my contributions to DBD/AS2 from 3.5% to 7% effective from / / (Insert date)

Full Contributions to Half Contributions

I hereby wish to,

- reduce my contributions to DBD/AS2 from 7% to 3.5% effective from / / (Insert date)

Step 4 - Confirm your choice of contribution level

- I declare that I wish to have my level of contributions increased/reduced as nominated in Step 3.
- I understand my increased death and disablement benefits may be restricted for the next 3 years of membership due to any pre-existing medical condition.
- I understand that periods of half contributions shall be treated as a period of fractional time service to which a service fraction of one half will be applied.
- I understand that my benefits will accrue at a reduced rate during periods of half contributions.
- I agree that UniSuper may, subject to the provisions of the Privacy Amendment (Private Sector) Act 2000, use and disclose my personal information to provide UniSuper membership and benefits, including insured benefits.

Signature Date / / (Insert date)

Step 5 - Send your form

Send your completed form to the Superannuation Office, HR Division, Monash University, Clayton Campus.

