

Salary Packaging Amendment Form

My Details

Title	First Name	Surname	
Date of Birth	Email Address		
Employer Name	Payroll ID		
Mobile Number	Change from	Next Cycle	Date

My Requested Changes

The changes that I want to make are for: Change of Benefit Change of Banking Details Change of Contact Details

Change of Benefit

Required Change	Add	Change	Cancel
Which Benefit? *	Reportable	Meal Entertainment	Exempt
Payment Method?	Reimbursement	Direct Payment	Salary Packaging Card
Reportable Amount?	\$	Once Off	Per cycle
Meal Entertainment Amount?	\$	Once Off	Per cycle
Do you want us to review your change? If so, when?	End of FBT Year	Continuing	Date

Should your change be for a new Salary Packaging Card, we will submit your details to our card supplier, Beyond Bank Australia. You will receive an email for you to follow a few easy steps, including identifying yourself, before setting up your online access with them.

*If you are changing your Remote Area Benefit, please contact us to obtain specific instruction on completing this change.

Change of Banking Details

Benefit Type	Method	Account Details (BSB & Account No.)	BPay Details (Biller Code & Reference)
	EFT BPay		
	EFT BPay		

Before we change your Banking Details, we need you to provide some supporting documents. We need these to make certain you are compliant with the Government regulations. What we need you to send through is:

Bank Acc Statement: For reimbursement of Mortgage, Private Home Rental, Personal Loan, School & University Fees, Household & Living Expenses, etc.
Other Statements: For direct payments to Credit Cards, Proof of Mortgage, Proof of Home Rental, etc.
Supplier Bill/Invoice: For direct payment of BPay payments, Household & Living Expenses, School & University Fees, etc.

Please note that the Bank Statements and Statements must be clear, be in your name (and/or your spouse's name), can't be any more than 3 months old and must show the payment details the same as in the above table. Supplier Bills and Invoices must be in your name, can't be older than the current FBT Year and show a reference number (if applicable).

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Change of Contact Details

Change Details	Change	Required Proof
Change of Name:	New Name: _____	Marriage Certificate or Divorce Certificate or Updated Driver's Licence
Change of Phone Number:	Mobile Number: _____ Work Number: _____	
Change of Address:	New Address: _____ _____	
Change of Postal Address:	New Postal Address: _____ _____	
Change of Email Address:	New Email Address: _____	

The Declaration

By submitting this form:

- I authorise my Employer to deduct the nominated amounts and any applicable FBT amount from my salary and to alter future deductions as required.
- I confirm that I have supplied copies of the documents required to be submitted with this form.
- I acknowledge that the payment of the nominated amounts cannot happen until sufficient funds are received from my Employer.
- I confirm that the provided information is true and correct and I understand that by providing false or misleading information I will be responsible for the payment of any penalties and/or costs incurred by my Employer and/or The Salary Packaging People.
- I acknowledge that it is solely my responsibility to obtain my own financial advice independent of The Salary Packaging People and my Employer.
- I acknowledge that the details in this section are not the full Terms and Conditions and I have reviewed all the relevant Terms and Conditions.
- I declare that the notation of my name in the following 'Signature' section is an electronic representation of my signature for all purposes required in this form, just the same as my normal pen-and-paper signature.

Date	Signature
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Privacy

To read our privacy policy, please visit www.salarypackagingpeople.com.au/home/privacy-statement/