



**AIIM Salary Services Pty Ltd**  
**Client Details - Confidential**

**CLIENT DETAILS**

Title Mr /Mrs /Ms      Given \_\_\_\_\_  
/Miss                      Names  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_      State \_\_\_\_\_      Postcode \_\_\_\_\_  
Home Phone ( \_\_\_\_ ) \_\_\_\_\_      Mobile Phone \_\_\_\_\_  
Work Phone ( \_\_\_\_ ) \_\_\_\_\_      Email Address \_\_\_\_\_  
DOB      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AUTHORITY TO PROCEED**

I, \_\_\_\_\_, agree that this is an accurate summary of my circumstances.

Signature: \_\_\_\_\_      Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_.

Disclaimer: Your salary package will be based on the above information. If any of this information changes please notify AIIM Salary Services Pty Ltd immediately.



Employers Name - \_\_\_\_\_  
Salary Packaging Request / Agreement Form

To: Payroll Office  
From: \_\_\_\_\_  
Employee Code: \_\_\_\_\_

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I wish to enter into an Agreement with your employer whereby I can participate in the Salary Packaging Program.

I have read, acknowledge and accept the conditions outlined on the schedule attached to this Agreement, and I have retained a copy for my own records.

I authorise my employer to provide AIIM Salary Services Ltd Pty with details required to enable the provision of salary sacrifice services.

I understand that fees will be payable while this Agreement is in place and these fees are subject to alteration. For details of the fee schedule, contact AIIM Salary Services Pty Ltd.

Please commence deductions as per the Employee Salary Package Details Form, which is attached.

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_.  
(Signature of employee)

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_.  
(Signature of Employer Authorising Officer)

## **Schedule to Salary Packaging Request/Agreement**

Under the terms and conditions of the Salary Packaging Policy, the employer offers employees a salary packaging option whereby remuneration is taken as cash salary and benefits items. The administration of the benefit items (ie: salary packaging) will be at the sole discretion of the Employer and AIIM Salary Services Pty Ltd. The general terms and conditions of the salary packaging program are;

1. Benefit items to be packaged can only include those listed in the Employee Information Brochure supplied by AIIM Salary Services Pty Ltd. Approval for the packaging of other items must be given by AIIM Salary Services Pty Ltd.
2. The employee undertakes to advise AIIM Salary Services Pty Ltd of any changes to their benefits packaged, employment status or salary payments which would affect their salary package arrangements.
3. Employees must not exceed a grossed up total of \$30,000 per Fringe Benefits Tax ("FBT") year. The net payable amount is \$16,048.50 per FBT year. Thus employees are not allowed to establish a salary package that will incur FBT.
4. In the event that FBT inadvertently becomes payable, the cost of the payment of the FBT will be deducted from the employee's salary.
5. If any payments are made in error, or in excess of the agreed payroll, the employee shall as soon as the error is recognised, pay back such deductions, or over-payment.
6. Upon resignation or termination of employment, the Agreement will cease and a reconciliation will be completed. Any outstanding balance will be paid out when documents substantiating the spending are provided. Should there be any over-expenditure on benefit items, Employer shall deduct the outstanding amount from final monies due. If the final monies due to an employee are insufficient to meet the over-expenditure, the employee shall, upon demand, reimburse Employer the outstanding amount.
7. A reconciliation of salary packages will take place on 1 April each year. Employees may, at that time amend their salary packages to be in line with the FBT year.
8. The composition of the package can be altered at any time upon giving advice to AIIM Salary Services Pty Ltd. Except for special circumstances.
9. Termination of this arrangement can occur by giving one month's notice at which time the arrangements under point 6 of the Agreement will come into effect, whether or not withdrawal is as a result of termination or other factors.
10. It is accepted that Employer or AIIM Salary Services Pty Ltd have no liability for the employee's taxation or Salary advice or any other information or advice that results from entering into this Agreement.
11. The cost of administering the salary package provided by Employer and AIIM Salary Services Pty Ltd and any other cost incurred, such as the cost of Salary advice, shall be solely the responsibility of the employee.



## Employee Salary Package Details Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Total amount Packaged per fortnight \$ \_\_\_\_\_

Less On-going Fortnightly Admin Fee \$ 11

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Amount available for disbursement \$

### Disbursements

_____	\$
_____	\$
_____	\$
_____	\$

Total Amount disbursed \$

I \_\_\_\_\_ hereby certify that I have obtained Salary advice in relation to this salary sacrifice Agreement or I have chosen not to obtain Salary advice but fully understand the implications of my decision.

I also understand that this Request/Agreement will remain in force until I amend or cancel it. This Request/Agreement will not automatically be amended for any change of salary however maybe subject to change as a result of Australian Taxation Law.

I agree to have the following deducted from my total salary

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Complete each applicable section for each item you wish to package (ie: each payee)

Package Item:	<b>Credit Card</b>
Payee (Bank)	_____
Payee Address (if known )	_____
Due Date	___ / ___ / 20___.
Biller Code:	_____ Reference: _____
Account Name	_____
Credit Card Number:	___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___
Expiry Date:	___ / ___

Package Item: **Mortgage Repayments**

Payee (Bank) \_\_\_\_\_

Payee Address (if known ) \_\_\_\_\_

Due Date \_\_\_ / \_\_\_ / 20\_\_\_

EFT Details of Payee (account to be reimbursed)

Account Name \_\_\_\_\_

BSB: \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ Account Number: \_\_\_\_\_

Benefit in the name of: \_\_\_\_\_

Other Package Item:

Payee (Institution) \_\_\_\_\_

Payee Address (if known ) \_\_\_\_\_

Due Date \_\_\_/\_\_\_ / 20\_\_\_

EFT Details of Payee (account to be reimbursed)

Account Name \_\_\_\_\_

BSB: \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ Account Number \_\_\_\_\_

Reference Number: \_\_\_\_\_

Other Package Item:

Payee (Institution) \_\_\_\_\_

Payee Address (if known ) \_\_\_\_\_

Due Date \_\_\_/\_\_\_ / 20\_\_\_

EFT Details of Payee (account to be reimbursed)

Account Name \_\_\_\_\_

BSB: \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ Account Number \_\_\_\_\_

Reference Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Location: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Day time Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of employee: \_\_\_\_\_



Date: \_\_\_\_/\_\_\_\_/20\_\_



## Declaration of ongoing Expense

I hereby state that my **CREDIT CARD** expense item is an ongoing expense of \$ \_\_\_\_\_ per \_\_\_\_\_ and I authorise that AIIM Salary Services Pty Ltd will remit this amount automatically. If there is any change in these arrangements throughout the packaging year, I will notify AIIM Salary Services Pty Ltd of the change immediately.

Signature of employee: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_.