



Salary Packaging Application Form

Personal Details

Payroll Number.....
Surname.....
Given Name.....
Postal Address.....
Town.....Postcode.....
Date of Birth.....

Home.....Work.....
Mobile.....Fax.....
Email.....

Employment Details

Work Location.....
Employment type: __Full Time __Part Time __Temp/Contract
Contract expiry Date (if applicable)
.....

Preferred Method of Salary Packaging (please indicate below)

- Reimbursements paid into your nominated account (complete section 1)
 - Employee Benefit Card used to access benefits without the need to provide additional substantiation (complete section 2) – Please request appropriate Application Form
 - Payments directly to a third party eg, mortgage and personal loan payments to financial institutions, rental payments to real estate agents etc (complete section 3)
 - Novated car Lease – please request additional booklet on the benefits of vehicle leasing
 - Meal entertainment – please see ME card application form
-



Section 1 – Reimbursements

Category A – Non Exempt Items Package to max \$9095 or \$16050 FBT limit	\$ Amount	Category B – Exempt Items Package on top of \$9095 or \$16050 limit	\$ Amount
Own Home Mortgage Payments			
Private Home Rental Payments			
Private Health Insurance			
Child Care – non-employer owned			
Aged Care Expenses			
Higher Education Contribution Scheme (HECS) Fees			
Personal Loan Repayments			
Payment to Utilities			
Private Travel			
Insurance Premiums (other than Income Protection Insurance)			
Club or Association Membership Subscriptions			
Credit Cards			
School Fees			

Nominated Bank Account

Account Name.....
 BSB Number.....
 Account Number.....



Please note

All receipts must be genuine expenses of the employee, partner or dependant.

For all reimbursements, original bills must be presented with proof of payment provided. If bills are paid via Bpay or internet Banking, the date paid and receipt number will be acceptable.

The "payments received" amounts on the transactions details of the Credit Card statement will form proof of payment.

A tenancy agreement must be provided along with rental receipts.

If a bill is paid to the provider in instalment via direct debit, a bank statement showing the direct debit amount will be considered proof.

If the bill that is being packages is not in the employee's name, the relationship to the account holder needs to be established and listed on the account.

Do you want your original bill returned? YES / NO

HOW DID YOU HERE ABOUT SALARY PACKAGING?
.....
.....

Section 2 – Employment Benefit Card (EBC)

An Employee Benefit Card (EBC) is a debit card that does not require additional substantiation to be provided. Employees must complete and application form. Any balance on your EBC at the end of FBT (31 March) will be rolled over to the following FBT year. However this will reduce the maximum you can package the following year. To package the maximum FBT year, all funds packaged on the EBC must be spent before the 31st March.



Section 3 – Payments direct to a third party

Payment Details	BSB	Account or Card Number	Payee or B/Pay	Amount

Employees must prove payments are being made into legitimate benefit items for taxation purposes. Please provide copies of recent statement for expense items being packaged (eg. Mortgage, Credit Card, Personal Loan, Rental Agreement etc) at the time of package set up



Salary Packaging Agreement

I the undersigned:

- Understand and accept the offer of salary packaging by the employer.
- Understand that as an employee the FBT exemption cap can only be claimed once per FBT year irrespective of the number of employers I have worked for in that year.
- Agree to reimburse my employer for any FBT payable as a result of exceeding the FBT exemption cap.
- Agree to pay the administration fee of \$11 per pay.
- I hereby certify that I have obtained financial advice in relation to this salary sacrifice agreement or I have chosen not to obtain financial advice but fully understand the implications of my decision.
- Understand subject to any administration / legislative changes this agreement will remain in force until terminated by the employee. This agreement will be reviewed each April and any changes will be communicated to employees.

Employee Name

Date.....

Employee

Signature.....

Authorised by:

Name.....

Date.....

Signature.....

Return Forms Via

AllM Financial Services
PO Box 1026
Wodonga Vic 3690

Fax No: 02 60561452
Phone No: 02 60566900
Email: reception@aiim.com.au