

## Salary Packaging Amendment Form

<b>Your Name (First Name, Surname)</b>		<b>E-Mail Address</b> <small>(This will be used to send a confirmation, once this request is processed)</small>	
<b>Employer Name</b>		<b>Payroll Identification Number</b>	
<b>Phone Number</b>		<b>Date of Birth</b>	

**The above fields must be completed for us to process the change. If any of the information is not provided we will not be able to process the amendment.**

Action	Benefit Name	Allocation Amount (Per Pay Cycle)	Payment Frequency	Payment Details			
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove		\$	<input type="checkbox"/> Per Pay Cycle <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____	Payee Name			
				BSB		Account Number	
				Payment Reference			
				Address to send remittance advices			
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove		\$	<input type="checkbox"/> Per Pay Cycle <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____	Payee Name			
				BSB		Account Number	
				Payment Reference			
				Address to send remittance advices			
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove		\$	<input type="checkbox"/> Per Pay Cycle <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____	Payee Name			
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				Payment Reference			
				Address to send remittance advices			
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove		\$	<input type="checkbox"/> Per Pay Cycle <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____	Payee Name			
				BSB		Account Number	
				Payment Reference			
				Address to send remittance advices			

Based on the amounts allocated fortnightly for each benefit and your current arrangements in place, we will send a revised payroll adjustment advice to your payroll department.

I declare that I have read, understood and complied with the terms and conditions of the employer's Salary Packaging Program and the Maxxia terms and conditions (see [www.maxxia.com.au](http://www.maxxia.com.au)).  
I understand that a false declaration may lead to cessation of salary packaging and/or other disciplinary action.

**Signature**

**Date**

## Terms and Conditions – Salary Packaging Amendments

### Please read these terms and conditions before completing and submitting a Salary Packaging Amendment Form to Maxxia Pty Ltd

1. This form must not be used for making any “Reimbursement Claims”.
2. If you wish to close off all the benefits or wish to terminate the account, please complete a “Cessation Form”
3. Payments will be made by way of Electronic Funds Transfer (EFT) to your nominated bank account. If you wish to change this account, please provide Maxxia with your new account details. If you have not provided Maxxia with your account details a cheque will be sent to your postal address.
4. For monthly payments, please advise the date on which you would like these regular payments to be made. Please note that to make the first monthly payment, we would require three (3) fortnightly income deductions.
5. Remittance advices for all Electronic Funds Transfer (EFT) payments can be sent by e-mail to the e-mail address advised. All cheques are forwarded with remittance advices. Please provide postal addresses for these to be sent.
6. Mortgage - Under Australian Taxation Office (ATO) guidelines, payments cannot be made into a mortgage offset facility account. Where a mortgage offset facility is used, the payment of salary packaged funds must be made directly into the mortgage loan account, not the offset facility account. By signing the Declaration you are acknowledging your understanding of this restriction and that the loan account details you have provided relates to the mortgage loan account itself.
7. Superannuation - Under Australian Taxation Office (ATO) guidelines, payments to the superannuation fund must be made directly to the Super Fund. These payments can be made by the way of Electronic Funds Transfer (EFT). The superannuation fund must be a registered entity with the ATO. In case of a self-managed super fund, please forward a copy of “Certificate of Compliance” as issued by the ATO. Please include your member number in the “Payment Reference” field. This ensures that the payments made by McMillan Shakespeare are clearly identifiable by the superfund and applied against your account with them.
8. Benefits like Laptop / PDA, health insurance, school fees, general insurance, mobile phone accounts, medical expenses and living expenses cannot be setup with regular payments without the submission of a “Reimbursement Claim Form”.
9. Please check the “Salary Packaging Employee Guide” for information about the benefits allowed and offered by your employer.
10. You will meet any cost including an FBT Liability arising from the implementation of your Salary Package.
11. You will hold records for a period of five (5) years in relation to any payments made by Maxxia. These records must be made available to Maxxia, your employer or the ATO whenever requested.
12. You will be ineligible to claim a taxation deduction for all benefits salary packaged on your tax return.
13. If you make a false declaration the matter will be referred to your employer and you may be denied further access to salary packaging.
14. If you require any further information please contact our Customer Care Centre on **1300 123 123** or visit **www.maxxia.com.au**
15. These terms and conditions may be updated by Maxxia at anytime and are available by contacting us directly.

#### Return the completed form to:

**Maxxia**  
**Locked Bag 18**  
**Collins Street East**  
**MELBOURNE VIC 8003**

or Fax to: **1300 733 444**

or [Click here to email](#)