

**SALARY PACKAGE AMENDMENT REQUEST FORM**

Please complete this form in **BLOCK** letters only.

**EMPLOYEE DETAILS**

<b>Employee Name</b>		<b>Date of Birth</b>	
<b>Employer Organisation</b>			

**BENEFIT TO BE AMENDED – BENEFIT 1**

(tick one option under each section)

<b>Action</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Change
<b>Benefit Type/Description</b>			
<b>Payment Method</b>	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Direct Payment (to 3 <sup>rd</sup> party supplier)	
<b>Amount</b>	\$	<input type="checkbox"/> Once Off Amount	<input type="checkbox"/> Per Paycycle
<b>Date to Implement Change</b>	<input type="checkbox"/> Next Available Paycycle		<input type="checkbox"/> Specific Date ___/___/___
<b>End Date for NEW Benefits</b>	<input type="checkbox"/> End of FBT Year	<input type="checkbox"/> Until Notified	<input type="checkbox"/> Specific Date ___/___/___

**BENEFIT TO BE AMENDED – BENEFIT 2**

(tick one option under each section)

<b>Action</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Change
<b>Benefit Type/Description</b>			
<b>Payment Method</b>	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Direct Payment (to 3 <sup>rd</sup> party supplier)	
<b>Amount</b>	\$	<input type="checkbox"/> Once Off Amount	<input type="checkbox"/> Per Paycycle
<b>Date to Implement Change</b>	<input type="checkbox"/> Next Available Paycycle		<input type="checkbox"/> Specific Date ___/___/___
<b>End Date for NEW Benefits</b>	<input type="checkbox"/> End of FBT Year	<input type="checkbox"/> Until Notified	<input type="checkbox"/> Specific Date ___/___/___

**IMPORTANT NOTES:**

- Where **adding OR increasing the value** of a Direct Payment benefit, you must provide proof of the expense (eg. invoice or statement) and a *Third Party Payment Form* including EFT bank details of the 3<sup>rd</sup> party supplier.
- Southgate may require you to provide further supporting documents, forms or declarations in respect of your requested amendment(s) before they can be actioned.
- Southgate **cannot** process the requested amendment(s) if all fields above are **not** complete.
- You will receive a *Benefit Confirmation Report* by email to confirm action of your requested amendment(s).

**EMPLOYEE DECLARATION**

I authorise Southgate Salary Packaging Services to make the above listed amendments to my existing salary package, and make any necessary adjustments to my salary sacrifice deductions and/or Fringe Benefits Tax deductions in respect of these changes.

<b>Employee Signature</b>	
<b>Date</b>	

**RETURN YOUR COMPLETED SALARY PACKAGE AMENDMENT REQUEST FORM TO:**

Southgate Salary Packaging Services  
PO Box 183, South Melbourne, VIC 3205

OR

Fax: 1300 500 150