

Savings/Investment Scheme (Non-Superannuation) Contributions Fax: 1300 708 144

NOTE: The Queensland Government strongly recommends that Financial Advice is obtained prior to entering into a Salary Packaging Agreement. The Salary Packaging of Full FBT Benefit Items is **only** viable for those Queensland Public Sector Employees who are eligible under the Commonwealth FBT legislation to access an FBT exemption cap, ie:

- a) Queensland Health employees who are exclusively working in and for a designated public hospital business area (refer to the Salary Packaging Information Booklet Queensland Government Health Employees); or
- b) Queensland Ambulance Service/Queensland Rescue employees; or
- c) Legal Aid Queensland employees; or
- d) Queensland Government Air

Please remember to sign the form before sending it to Smartsalary for processing.

Section A - Your Personal Details

Employer	<input type="text" value="Queensland Government"/>	Payroll Number	<input type="text"/>
Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Contact Number	<input type="text"/>		
Smartsalary Account Number	<input type="text"/>		Log in to your online Smartsalary account at qld.smartsalary.com.au to find your account number

Section B - Regular Direct Payments Details

Payment Amount Each Pay Period (incl. GST) \$ GST Amount \$

Upon expiry of the fixed term you will be required to provide renewal information to Smartsalary to substantiate claims.

Section C - Provider's Bank Account Details

Provider's bank account details

Bank Name	<input type="text"/>	Name of Account Holder	<input type="text"/>
BSB	<input type="text"/>	Account Number	<input type="text"/>
Customer Payment Reference	<input type="text"/>		



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Section D - Required Documentation

Please complete the “**Non-Salary Packaging Fringe Benefit Declaration**” (if required) and the relevant documentation to support the claim. For more information about the documentation requirements please refer to the relevant **Fact Form** available on Smartsalary website.

Payment Option	Requirements for Supporting Documentation
One off direct payment to the Provider	A copy of the valid tax invoice
Regular direct payments to the Provider	A copy of the valid tax invoice that includes details of payments to be made (e.g. weekly, fortnightly, monthly, quarterly) and regular due date (e.g. 15th of each month).

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Section E - Smartsalary Employee Declaration

I hereby declare that:

- * The information provided is true and correct to my knowledge;
- * I have read and understand the Salary Packaging Information Booklet and the relevant Fact Form available on the Smartsalary website;
- * The attached invoice/s and/or receipt/s are for expenses incurred by me and have not and will not to be claimed by me for any other tax deductible purpose and are budgeted for within my Salary Packaging Agreement;
- * I have read and accept the Smartsalary Terms & Conditions available on the Smartsalary website; and
- * I authorise Smartsalary to alter my deductions in accordance with the requirements of my salary package.

Direct Debit Request Declaration

- * I acknowledge that upon cessation of my salary package, any amounts owed by me in relation to my salary packaging that have not been collected from my pay must be paid directly by me. I request Smartsalary (User ID 373142) to direct debit the bank account held by Smartsalary as my Personal Bank Account for these amounts owing.
- * I have read and understood the Direct Debit Service Agreement available on the Smartsalary website.

Signature: X

Date

IMPORTANT: This section must be signed otherwise your claim will not be processed.

Section F - Queensland Government Employee Declaration

I, (Employee's name) employed by (Employer's name) advise that I have chosen to package a savings/investment plan as part of my salary packaging agreement.

I confirm that this scheme meets the following terms:

- It is a managed investment fund which is structured on a unitised basis.
- The investment insurance product is provided by an approved life company and
 - i) has a minimum term of not less than 10 years
 - ii) is held under a trust pursuant to which: the policy is not able to be terminated within 10 years, and the premiums paid on the policy are not able to be accessed, borrowed against or withdrawn within 10 years except in special circumstances involving serious financial difficulties suffered by the employee
 - iii) may provide for a payment in respect of death or disability
 - iv) is treated as 'paid up' if the premium payments are discontinued for any reason and will be continued so that the policy will be in force for at least 10 years before the proceeds are paid out
 - v) has no direct or indirect loan back arrangements attached to it.

I understand that if these terms are breached, except under specific circumstances such as financial hardship, that the Australian Taxation Office may consider the salary packaged amounts salary and subject to income tax or fringe benefits tax. I understand that if this occurs I am liable for the tax payable.

I acknowledge that the Queensland Government **strongly recommends** that I obtain independent financial advice prior to entering into, or changing the terms of, a salary packaging arrangement

Signature: X

Date

IMPORTANT: This section must be signed otherwise your claim will not be processed.

Privacy notice

The salary packaging administrator is collecting your personal information on this form for the purpose of processing your salary packaging agreements. The salary packaging administrator will pass your personal information on to your agency's payroll section as part of the administration of your salary packaging agreements, Queensland Government Procurement in relation to the management of the salary packaging arrangement, and Queensland Treasury for auditing purposes. Your personal information will not be used for any other purpose or disclosed to any other third party, without your consent, unless authorised or required by law.