



Salary Sacrifice Form 6 (Effective from 1 June 2008)

TERMINATION OF SALARY SACRIFICE SERVICE AGREEMENT

Employee to complete – then forward to nominee and provide copy to employer

TO THE NOMINEE

| | |
|---------------------------|--|
| Surname: | |
| Given Name(s): | |
| Home Address: | |
| Payroll ID Number: | |
| Package Number: | |

I, the employee described above, hereby advise that I wish to cease salary sacrificing and all related payments, due to:

- 21 days notice provided
- Termination of my Salary Sacrifice Agreement.
- Unsatisfactory performance by nominee.
- Delay in payment for benefit item.

| | |
|----------------------------|--|
| Comment (optional): | |
| Effective Date: | |
| Employee Signature: | |
| Date: | |