



Alteryx ANZ Pty Limited
Salary Sacrifice Form
[1 July 2021 to 30 June 2022]
SALARY SACRIFICE OF SUPERANNUATION AGREEMENT
(Additional Voluntary Contributions)

1. EMPLOYEE DETAILS

Title (please circle): Mr Mrs Ms Miss Dr Prof	
Surname:	Given Name(s):
Residential Address:	
Email address:	
Telephone:	

2. SALARY SACRIFICE DETAILS

I, the Employee named above, elect to sacrifice salary by authorising my employer to contribute directly into my Super Fund as follows:

Name of Superannuation Fund		
Member No:		
The amount of my proposed Salary Sacrifice (please circle the month and write the amount)	Month	Fixed Amount
	July 2021	
	August 2021	
	September 2021	
	October 2021	
	November 2021	
	December 2021	
	January 2022	
	February 2022	
	March 2022	
	April 2022	
	May 2022	
	June 2022	

3. EMPLOYEE DECLARATION

I, the Employee named in section 1 of this Form, confirm that the details in section 1 & 2 are true and correct, and I acknowledge and agree that I:

1. understand that no limit is placed on salary sacrifice contributions to a complying superannuation fund.
2. understand that the employer is not liable to the Employee either directly or indirectly in respect of any matter touching or concerning the contributions, unless liability cannot be abrogated by statute.
3. will indemnify the employer from and against:
 - a) any income tax or any other taxation liability whatsoever (including any administrative penalty, fine or other amount) that may become payable pursuant to any relevant taxation legislation and rulings,
 - b) any other liability whatsoever not otherwise described in clause number 3(a) below, in respect of the said contribution by the employer, which includes any information supplied by the employer including but not limited to any estimate of salary and the amount of the contributions and any matter not otherwise described herein, and
 - c) all charges, costs, damages, disbursements, fees, losses suffered or incurred by the employer in relation to any matter touching or concerning the contribution by the employer.
4. have sought advice in respect of this Agreement as necessary, the obtaining of such advice being the sole responsibility of the Employee with the Employer having no role or responsibility in respect of it.

Employee Signature:	
Date:	day of 20..

2. EMPLOYER DECLARATION

The employer agrees and acknowledges as follows:

- That upon the employee signing and delivering this Agreement to the employer, the employer will commence making the deductions and contributions for salary sacrifice only, as outlined in Section 2 as soon as practical.
- Super guarantee payments will be based on the employee's earnings before salary sacrificing, that is, pre- sacrifice salary.

Employer Signature:	
Name of Authorised Person:	
Date:	day of 20..