

SALARY PACKAGING SETUP INFORMATION

Account Manager

Date

ORGANISATION DETAILS

Legal Entity Name

Postal address

ABN

Physical address

Phone

Website

AUTHORISED REPRESENTATIVE CONTACT DETAILS

Position

Title

First name

Surname

Work number

Mobile

Fax number

Email

TAXATION STATUS

Pays company tax %/No

FBT exempt limit \$17,667/\$31,177

FBT category Exempt

Registered for GST Yes/No

GST input credit Fully credited/Fully taxed

Accounting year end (eg 30 June)

COMPANY BANK DETAILS

Account Name

BSB

Account Number

CURRENT PACKAGING

Which benefits, if any, are currently offered:

Will these benefits be transferred to easisalary? Yes/No

PACKAGING POLICY

Who will pay the annual salary packaging Administration Fee? Employer/ Employee

Is the employer required to sign the employee's packaging agreement? Yes/No

SALARY PACKAGING SETUP INFORMATION

If yes, who is authorised to sign on behalf of the employer

Name

Position

Work number

FINANCIAL ADVICE

Is financial advice mandatory? (Recommended) Yes / No

Is a waiver required if advice is not sought? Yes / No

Is there a preferred Financial Planning Advisor or Financial Planning Firm? Yes / No

If Yes, please identify name of firm:

Name:

Contact:

Work number:

LOCATIONS AND EMPLOYEE NUMBERS

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | TOTAL |
|-----------------------------------------------------------|-----|-----|----|-----|----|-----|-----|----|-------|
| City (No. of offices) | | | | | | | | | |
| City (No. of employees) | | | | | | | | | |
| Regional (No. of offices) | | | | | | | | | |
| Regional (No. of employees) | | | | | | | | | |
| If regional locations, please attach a list to this form. | | | | | | | | | |

PAYROLL PROCESSING DATES

NEXT PAY

Date: / /

| Pay frequency | Pay period starts | Pay period ends | Payroll is processed on | Pay is transferred to employees | Deduction advice required on |
|---------------|-------------------|-----------------|-------------------------|---------------------------------|------------------------------|
| Weekly | | | | | |
| Fortnightly | | | | | |
| Bi-Monthly | | | | | |
| Monthly | | | | | |

PAYROLL CONTACT DETAILS

| | | | |
|------------|--|------------|--|
| Title | | | |
| First name | | Work phone | |
| Surname | | Mobile | |
| Address | | Fax | |
| | | Email | |

SALARY PACKAGING SETUP INFORMATION

BENEFITS OFFERED (Please pick the benefits you offer your employees)

| | |
|---------------------------------------------------------|--------------------------|
| FBT FREE ITEMS | |
| Additional Superannuation | <input type="checkbox"/> |
| Meal Entertainment Benefit | <input type="checkbox"/> |
| Car Parking | <input type="checkbox"/> |
| EXEMPT, EXCLUDED OR OTHERWISE DEDUCTIBLE ITEMS | |
| Airport Lounge Membership | <input type="checkbox"/> |
| Calculator or Briefcase | <input type="checkbox"/> |
| Financial Advice | <input type="checkbox"/> |
| Internal Gym Membership | <input type="checkbox"/> |
| Internal Childcare | <input type="checkbox"/> |
| Income Protection Insurance | <input type="checkbox"/> |
| Living Away from Home Allowance | <input type="checkbox"/> |
| Laptop Computer; Electronic Diary; Portable Printer | <input type="checkbox"/> |
| Mobile Phone (primary for business use) | <input type="checkbox"/> |
| Professional Subscriptions | <input type="checkbox"/> |
| Relocation Expenses | <input type="checkbox"/> |
| Self-Education Expenses | <input type="checkbox"/> |
| Salary Packaging Fee | <input type="checkbox"/> |
| Taxi travel - Employee Only | <input type="checkbox"/> |
| Uniforms | <input type="checkbox"/> |
| Union Membership | <input type="checkbox"/> |
| ITEMS SUBJECT TO CONCESSIONAL FBT | |
| Car (novated lease) - paying ATC | <input type="checkbox"/> |
| Car (novated lease) - paying FBT | <input type="checkbox"/> |
| Remote Area Rent | <input type="checkbox"/> |
| ITEMS SUBJECT TO FULL FBT | |
| House Mortgage or Private Rental Accommodation Expenses | <input type="checkbox"/> |
| Living Expenses / Credit Card | <input type="checkbox"/> |

SALARY PACKAGING SETUP INFORMATION

HR CONTACT DETAILS

| | | | |
|------------|--|------------|--|
| Title | | | |
| First name | | Work phone | |
| Surname | | Mobile | |
| Address | | Fax | |
| | | Email | |

FINANCE CONTACT DETAILS

| | | | |
|------------|--|------------|--|
| Title | | | |
| First name | | Work phone | |
| Surname | | Mobile | |
| Address | | Fax | |
| | | Email | |

AUTHORISED SIGNATORIES AND ANY OTHER INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------------------|--|
| The novation agreement for all salary packaged cars must be signed by the employer's authorised representative. | |
| Who is authorised to sign these agreements? | |
| Name | |
| Position | |
| Email | |
| Mobile | |
| | |
| Name | |
| Position | |
| Email | |
| Mobile | |

WHERE TO RETURN THIS FORM

Thank you for completing this fact find. It will allow us to establish the account for your organisation.

Please return this form to: easisalary Administration Manager

info@easisalary.com.au

PO Box 192, Victoria Park WA 6979

1300 22 44 88

1300 655 568