

Salary Packaging Termination Form.

1. Personal Details

First Name:	Surname:
Address:	Suburb/Postcode:
Account Number	Employer Name:

Please enter your preferred contact method:

Home Phone:	Work Phone:
Mobile:	Email:

2. Terminating Benefits

- a) I wish to terminate my salary packaging account. Yes, I have a novated lease salary packaging account.

To terminate a novated lease, also complete section 'b)', otherwise please go to Section 3

- b) I wish to terminate my novated lease, my odometer reading at the terminated date is provided.

I wish to terminate my novated lease registration number: _____

Termination date: ____ / ____ / ____

Odometer reading as at termination date: _____ (where the termination date is today or earlier)

- c) Reason for termination: _____

3. Termination Declaration

I hereby notify Paywise that I wish to terminate my salary packaging arrangement and/or novated lease with Paywise, on the date specified above.

I understand that the Paywise packaging fee is an annual fee and is calculated on an annual basis, not on an FBT year basis e.g. If you started your account with us on 1 February, this is your anniversary date. If you end your agreement with us on 1 August same year, you are still liable for the full fee up to 31 January the following year.

I agree to pay the total amount of the annual salary packaging fee that is due.

I understand that it can take up to 30 days (45 days if you are a fuel card holder) for my account to be finalised. Fuel card holders are liable for all expenditure incurred on their fuel card, up to and including, the date of cancellation of the card.

I confirm my intention to terminate salary packaging with Paywise:

I understand that at the termination date all payments to nominated accounts (including lease payments and lease insurance) will cease and that the responsibility to make these payments lies with me from that date onwards.

I understand that I have included all outstanding tax invoices and tax receipts for reimbursements and confirm that this is my final reimbursement claim.

I understand that any remaining funds for which I did not submit claims will be returned to my payroll and taxed in the normal manner before being returned to me.

I understand I may be required to sign a declaration form depending on the benefit I salary packaged. Paywise will request this as necessary. I also understand if I do not supply the required declarations I may be liable to pay FBT on the amount paid to me for the purpose of this benefit.

Signature:	Date: ____ / ____ / ____
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Please complete this form and return to Paywise

Email: memberservices@paywise.com.au | Post: PO Box 5639 Perth WA 6831 | Fax: 1300 737 285