



**REPACKAGE ADVICE FORM
SOUTH AUSTRALIAN GOVERNMENT EMPLOYEES**

Package Number Name

Employer

NO CHANGES NECESSARY

Please continue my package with the current benefit items and amounts

CHANGING / ADDING TO YOUR EXISTING PACKAGE

Please list items to be packaged for the coming year (existing and any new benefits).	New Item (Y/N)	Amount p.a (\$)	Account Number where funds are to be paid (only for new benefit items)	
			Branch code (BSB)	Account Number
Total				

Please note:-

If you are making changes or adding new benefits, we may need to contact you to obtain additional documentation

Signature

Date / /

Please return this completed form together with Confirmation of Salary form to:
REMUNERATOR, PO Box 1247 CAMBERWELL VIC, 3124
 or fax to (03) 9882 5522