

Salary Packaging Application Form

Standard Benefits

Please complete all sections



Personal Information

Title: _____ First Name: _____ Middle Name: _____

Surname: _____ Date of Birth: ____ / ____ / ____

Payroll Identification Number: _____

Payroll Cycle: Weekly Fortnightly Monthly

Address: _____

Suburb: _____ State: _____ Postcode: _____

Your contact details: Work _____ Mobile _____ Home _____

Email: _____

Nominated account for reimbursements: Bank _____ Branch _____

Account name _____

BSB number - Account number

Salary Package Allocation

Please refer to your Employer Salary Packaging Policy for further information on the benefit items available. You can access your Employer Salary Packaging Policy by visiting maxxia.com.au/my-hub and entering RIOTINTO.

Benefit	Allocation per FBT year *	Notes
Motor Vehicle Lease	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1
FBT Free Benefits	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	2
Administration Fee	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	3
TOTAL	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

Notes

1. Complete Part B of this form if you have included a novated motor vehicle.
2. This amount is allocated for payments which are not subject to FBT. Complete Part C of this form to provide payment details for reimbursements.
3. Complete Part D of this form to include in-house benefits which are not subject to FBT. In-house benefits are only available to employees based at Weipa and Yarwun.
4. Review Part F of this form to select the relevant administration fee for your package.

* FBT year commences on 1 April each year.

ALL EMPLOYEES MUST COMPLETE THE DECLARATION AT THE END OF THIS FORM.

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Part A: Employer Site Information

Please tick the relevant check box for your site of employment. Please tick only one site.

Rio Tinto Aluminium			
CAL	<input type="checkbox"/> Alcan Corporate	CAW	<input type="checkbox"/> Weipa
RTBB	<input type="checkbox"/> Bell Bay	CAR	<input type="checkbox"/> Yarwun
CABSL	<input type="checkbox"/> Boyne Smelter	RTAG	<input type="checkbox"/> Gove Operations

Rio Tinto Business Support Units			
RTEXP	<input type="checkbox"/> Exploration	RTS	<input type="checkbox"/> Services
RTIST	<input type="checkbox"/> Information Systems & Technology	RTSS	<input type="checkbox"/> Shared Services
RTSHIP	<input type="checkbox"/> Marine	RTTRPL	<input type="checkbox"/> Technology & Innovation
RTP	<input type="checkbox"/> Procurement		

Rio Tinto Iron Ore			
RIOHI	<input type="checkbox"/> Hamersley Iron	RIORR	<input type="checkbox"/> Robe River
RIOPI	<input type="checkbox"/> Pilbara Iron		

Other Rio Tinto Employers	
ERA	<input type="checkbox"/> Energy Resources Australia
RIOAD	<input type="checkbox"/> Argyle Diamonds
DSL	<input type="checkbox"/> Dampier Salt

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Part B: Salary Packaging Election Form

Rio Tinto requires all employees to complete a Salary Packaging Election Form with details regarding your salary election.

Employee Declaration	
Item purchased:	_____
Purchase price: \$	<input type="text"/> . <input type="text"/> <input type="text"/>
Terms of deduction:	_____
(number of pay periods)	
Monthly amount of deduction: \$	<input type="text"/> . <input type="text"/> <input type="text"/>
In making this election, I have not relied on any financial information or advice provided to me by Rio Tinto or any of its employees.	
I acknowledge Rio Tinto's recommendation that I seek independent financial advice.	
I accept that this election alters my contract of employment and I authorise Rio Tinto to make deductions from my salary as set out in the packaging agreement I have established with Rio Tinto's salary packaging provider.	
I consent to the details of my remuneration and any salary sacrifice deductions I have made (and may subsequently make) being provided to my employer and to Rio Tinto's nominated salary sacrificing provider.	
NOTE: In accordance with the provisions of the Financial Services Reform Act 2001, neither Rio Tinto nor its employees are authorised to provide any form of financial planning advice or information. Employees who wish to package their salary are encouraged to seek professional advice from a licensed financial planner.	
Employee Name (print):	_____
Employee Signature:	_____ Date: ____ / ____ / ____

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Part C: FBT Free Benefits

Tools of Trade	
Value of Item	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Pay periods this value is to be collected over (1-12)	<input type="text"/>
Payment Method	Reimbursement only.
Substantiation	<ul style="list-style-type: none"> • Submit a completed Work Related Expenses Claim Form to Maxxia. • Attach purchase documents clearly describing the item. • Attach the original tax invoice and original receipt of purchase. • You must not make a claim for reimbursement for an expense that has previously been reimbursed to you.
Employee Declaration	
I, (insert name) _____ declare:	
1. the items I am seeking reimbursement for are used by me in the normal course of my employment.	
2. the items I am seeking reimbursement for are items which would normally be eligible for an income tax deduction.	
3. I will not claim the items I am seeking reimbursement for as an income tax deduction, because I have chosen to salary package them instead.	
Employee Signature: _____	Date: ____ / ____ / ____

Financial Counselling Fees	
Amount (per annum)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Payment Method	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Account submitted for payment
Substantiation	Submit original receipt for reimbursement of expense incurred by the employee and completed Reimbursement Claim form .

Airport Lounge Membership	
Amount (per annum)	\$.
Payment Method	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Account submitted for payment
Substantiation	Submit original receipt for reimbursement of expense incurred by the employee and completed Reimbursement Claim form .

Relocation Benefits	
Amount (per annum)	\$.
Payment Method	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Account submitted for payment
Substantiation	Submit original receipt for reimbursement of expense incurred by the employee and completed Reimbursement Claim form .

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Part D: In-House Benefits – Weipa Employees Only

In-house Childcare and In-house Gymnasium are only available to Weipa employees. The facilities are owned and operated by Weipa.

In House Childcare				
Amount (per annum)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>			
Payment Method	Regular direct payments to the Weipa Cape Kids Facility			
EFT Details	Bank: Queensland Country Credit Union Ltd			
	BSB: 704-640	Account Number: 453650		
Substantiation	<ul style="list-style-type: none"> • Attach a tax invoice with this application form indicating the details of the child care provided, including the amounts. • The payment will be scheduled via EFT to the bank account details indicated in the EFT details above. 			
In House Gymnasium				
EFT Details	Bank: Queensland Country Credit Union			
	BSB: 704-640	Account Number: 450718		
Payment Frequency and Amount	<input type="checkbox"/> Fortnightly \$	<input type="checkbox"/> Monthly \$	<input type="checkbox"/> Quarterly \$	<input type="checkbox"/> Other \$
Commencement Date				

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Part E: Motor Vehicle Lease

Transfer of Existing Motor Vehicle Lease

Please provide the following information if you are transferring from another employer to Rio Tinto and intend on transferring your current motor vehicle lease. If you are interested in a **Fully Maintained Novated Lease**, please call 1300 123 123 to speak to a Maxxia MyCar consultant.

Motor Vehicle Details – Novated Lease	
Type of Lease:	
Registration number:	Model: Make:
Colour:	Cost of vehicle: \$ <input type="text"/> . <input type="text"/> <input type="text"/>
Opening odometer reading:	kms Opening odometer date:
Estimated number of kilometres: (kilometres travelled on an annual basis)	kms
Name of Financier:	
Address of Financier:	
Lease Payment Amount: \$ <input type="text"/> . <input type="text"/> <input type="text"/> (regular monthly payment)	Lease Commencement Date:
Lease Expiry Date:	
Do you use the Employee Contribution Method? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Substantiation	Attach a copy of the following: <ul style="list-style-type: none"> • Lease schedule from the Lease Financier; • The signature page of the Deed of Novation; and • A copy of the dealer's Invoice.

Motor Vehicle Running Costs – Novated Lease		
Registration costs \$ (per annum)	Insurance \$ (per annum)	Maintenance & Servicing \$ (per annum)
Club membership \$ (per annum)	Fuel costs \$ (per annum)	Fuel type <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Unleaded
Comments	<ul style="list-style-type: none"> • Fuel cost may only be paid by use of the motor vehicle charge card provided by Maxxia. • Other operating costs cannot be charged to the motor vehicle charge card. You may submit the original receipt for reimbursement. • Whenever a claim is made a completed Reimbursement Claim Form needs to be submitted. 	

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Part F: Administration Fee

You must also include the applicable annual administration fee in your salary package. This payment will be made from your salary packaging deductions each pay day.

Administration Fee Description	Per Month (Including GST)
Salary packaging a combination of benefit items excluding a Motor Vehicle Lease.	\$23.32
Salary packaging a fully maintained Novated Lease or Associate Lease only.	\$27.50
Salary packaging a combination of benefit items including a Motor Vehicle Lease.	\$42.41

Part G: Employee Declaration

I understand and accept the terms and conditions of my Employer Salary Packaging Program.

In addition, I understand and confirm that:

1. I will be ineligible to claim a taxation deduction for all salary packaging payments made in relation to otherwise deductible items.
2. I will meet any cost including FBT liability arising from the implementation of my salary package.
3. I acknowledge that my Employer has recommended that I obtain financial counselling prior to commencing salary packaging.
4. I undertake to retain and maintain all records in relation to any payments made by Maxxia for a period of five years (5). I also undertake to make these records available to Maxxia or my Employer or the Australian Taxation Office if requested.
5. By completing this form, I agree to Maxxia contacting me about its products, services and offerings. Maxxia will handle your information in accordance with its Privacy Policy.

Employee Name (print): _____

Employee Signature: _____ Date: ____ / ____ / ____

Send your completed Application Form to:

Maxxia Pty Ltd
Locked Bag 18
Collins Street East
MELBOURNE VIC 8003

Or Fax **1300 733 444**

Or Email info@maxxia.com.au

DISCLAIMER

Maxxia provides administration and referral services on behalf of employers. It does not provide any form of financial, taxation or financial product advice to employees on the relative merits of package programs or on any other basis. Some information on taxation matters may be provided to illustrate possible advantages, but is of a general nature only. You should seek your own independent professional advice on how packaging programs may impact your particular financial, taxation and welfare benefit circumstances. Maxxia may receive commissions or rebates in connection with some services it provides or arranges to be provided by third parties. By appointing and utilising Maxxia services, you consent to its receipt of such commissions and rebates. Tax laws regarding the treatment of salary benefits may change, which could adversely impact your financial, taxation or welfare benefit decisions.

PRIVACY

Maxxia is committed to protecting the privacy and rights of its customers. Our Privacy Policy contains important information about how we collect, hold, use and disclose personal information. It explains what happens if we cannot collect your personal information, as well as how you can access and correct the personal information we hold about you, or make a complaint. If you do not wish to receive promotional material from us, or would like a copy of our Privacy Policy, please contact us on 1300 123 123. Our Privacy Policy is also available at maxxia.com.au

Maxxia Pty Ltd ABN 39 082 449 036 Authorised Representative (No. 278683) of McMillan Shakespeare Limited (AFSL No. 299054)

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Optional – Authority for the Disclosure of Salary Packaging Information

Maxxia takes the utmost care to ensure that all information provided by you in relation to your salary packaging arrangements remain private and confidential at all times.

You can authorise other individuals (eg. your Financial Consultant) to obtain information directly from Maxxia on your behalf, with respect to your salary packaging arrangements. In order to maintain the confidentiality on your account it is requested that you complete the details below authorising Maxxia to disclose salary packaging information if you require this facility.

You may at any time cancel this authorisation by forwarding written confirmation directly to Maxxia.

Personal Details

Title: _____ First Name: _____ Middle Name: _____

Surname: _____ Date of Birth: ____ / ____ / ____

Payroll Identification Number: _____

Address : _____

_____ Suburb: _____ State: _____ Postcode: _____

Your contact details: Work _____ Mobile _____ Home _____

Email: _____

Employer Name: _____

Address: _____

_____ Suburb: _____ State: _____ Postcode: _____

Details of Authorised Person

Title: _____ First Name: _____ Middle Name: _____

Surname: _____ Organisation/Relationship: _____

Address: _____

_____ Suburb: _____ State: _____ Postcode: _____

Authorised contact details: Work _____ Mobile _____ Fax _____

Email: _____

Employee Declaration

I authorise the person named in this authority to obtain information with respect to my salary packaging arrangements from Maxxia.

Employee Name (print): _____

Employee Signature: _____

Date: ____ / ____ / ____

Send your completed Authority Form to:

Maxxia Pty Ltd
Locked Bag 18
Collins Street East
MELBOURNE VIC 8003

Or Fax **1300 733 444**
Or Email **info@maxxia.com.au**