VOLUNTARY SUPERANNUATION CONTRIBUTION FORM

SECTION 1 - YOUR PERSONAL DETAILS

Employee Number: ____________________
Surname: _____________________________  First Name: _______________________
Address: ________________________________________________________________

SECTION 2 - CONTRIBUTION OPTIONS

You may choose to commence, change or cancel your voluntary contribution options through salary sacrifice.

Which of the following would you like to do? (Select one box only.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commence regular voluntary contributions through salary sacrifice.</td>
<td>(Go to Section 3)</td>
</tr>
<tr>
<td>Change my existing voluntary contributions through salary sacrifice.</td>
<td>(Go to Section 3)</td>
</tr>
<tr>
<td>Cancel my existing voluntary contributions through salary sacrifice.</td>
<td>(Go to Section 4)</td>
</tr>
</tbody>
</table>
SECTION 3 – COMMENCE OR CHANGE CONTRIBUTIONS THROUGH SALARY SACRIFICE

How much would you like to contribute via pre-tax contribution (salary sacrifice)?

Please select from the options below for your salary sacrifice contribution. Please note that should you elect to defer a specific dollar amount per pay period (versus a % of compensation) that the compensation deferred through Salary Sacrifice cannot exceed 100% of the compensation paid per each pay period in each category.

If this is a change to your existing contribution, please indicate the new contribution you wish to make.

| I wish to contribute ____% of my gross salary OR $ __________ per pay period*. |

SECTION 4 – CANCEL CONTRIBUTIONS VIA PAYROLL DEDUCTION

I wish to cancel my existing voluntary contributions through salary sacrifice.

Please send the completed form to ERC. Please allow two week notice.

SECTION 5 – DECLARATION

I authorize Adobe Systems Pty. Ltd. to deduct my contributions as shown above from my pay each pay period and remit them to my superannuation plan. I understand the monthly deduction is deposited in the following month.

I acknowledge that it is my obligation to ensure any salary sacrificing arrangements do not breach the Concessional Contributions Cap set at $25,000 for all individuals regardless of age.

Any breach of this cap will result in individuals having to pay an excessive tax to the Australian Taxation Office, which is levied at your marginal (average) rate of tax.

Signature: __________________________ Date: ___/___/___

Authorization: ______________________ Date: ___/___/___

For additional information regarding Salary Sacrificing Superannuation, please visit the ATO website. The web address is www.ato.gov.au/super. We recommend that you contact Financial Decisions (02 9997 4647) to discuss your personal circumstances before entering into a salary sacrifice arrangement.