



Section A: Employee to complete

1 Choice of superannuation fund

I request that all my future superannuation contributions be paid to: (place an in one of the boxes below)

my employer's superannuation fund named in Section B question 6 Go to question 4

my own choice of superannuation fund

2 Details of my chosen superannuation fund:

Name

Address

Suburb/town	State/territory	Postcode
<input type="text" value="Parramatta"/>	<input type="text" value="NSW"/>	<input type="text" value="2124"/>

Member No. (if applicable)

Account name

Superannuation fund Australian business number (ABN) (if applicable)

Superannuation product identification number (if applicable)

Daytime phone number

3 Appropriate documentation (Place an in the box if you have attached the required information)

I have attached:

- a letter from the trustee stating that this is a complying fund, or for a self managed superannuation fund, a copy of documentation from the Tax Office confirming the fund is regulated
- written evidence from the fund stating that they will accept contributions from my employer, and
- details about how my employer can make contributions to this fund.

4 Your details

Name

Tax file number (TFN)

! Make sure your super fund knows your TFN. You can check just by looking at your latest statement from them. It helps you keep track of your money, allows you to pay extra contributions, and makes sure the money gets taxed at the special low rate. It is not an offence not to quote your TFN. See page 2 of the instructions for more information.

Signature

Date
Day / Month / Year
 / /

! Do not send a copy of this form to us, or your superannuation fund.

Section B: Employer to complete

5 Your details

Business name

ABN

6 Your chosen fund

If the employee does not choose a different superannuation fund, superannuation contributions will be paid to the following superannuation fund on behalf of this employee:

Fund's name

Superannuation product identification number (if applicable)

For the product disclosure statement for this fund (if applicable) Phone


Fund's website

7 Defined benefit fund entitlement

No Yes

8 Previous superannuation contributions

Employer superannuation contributions have previously been made to (if different to above)

 If the employer fund has not changed please write 'not applicable' in the 'fund's name' field below.

Fund's name

Superannuation product identification number (if applicable)


Daytime phone number


Fund's website

For your records:

Date valid choice is accepted ^{Day} / ^{Month} / ^{Year}

Date you act on your employee's valid choice ^{Day} / ^{Month} / ^{Year}


 Give a copy of this form to your employee after you have completed Section B.

 Do not send a copy of this form to us, or your superannuation fund. However, you must keep a copy for your own records for a period of five years.

PRIVACY STATEMENT

The information on this form is for the employee and employer. **Do not send this information to us.**

We do not collect this information. We provide a format for you as an employer to provide that information to your employee.

 When you receive this form and all of the required information from your employee, you have two months to pay contributions to your employee's new fund. If they choose to stay with the fund you have chosen, make contributions as you are required.