



Choice of superannuation fund Standard choice form

Part A: Employer to complete

Give this form to your employee after you have completed Part A.

1 Employer name

2 Employer superannuation guarantee contributions will be made to the following fund:

Fund name

Superannuation product identification number (if applicable)

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

Fund website

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

If the employer fund has not changed please write 'as above' in fund name box below.

Fund name

Superannuation product identification number (if applicable) Phone

Fund website

4 Employer contributions:

Superannuation contributions are currently made at a higher level than the required 9% Yes No

If Yes, superannuation contributions will continue at this higher level if the employee chooses a fund other than the fund named in part A question 2 Yes No

Note that this statement does not alter an employer's legal obligations (if any) relating to future payments.

Part B: Employee to complete – ONLY IF MAKING A CHOICE

1 I request that all future superannuation guarantee contributions be made to:

my employer's previous superannuation fund named in part A question 3 Go to question 4 below.

my own choice of fund Complete questions 2, 3 and 4 below.

2 Your chosen fund details:

Fund name

Membership No. (if applicable)

Account name

Fund Australian business number (ABN) (if applicable)

Superannuation product identification number (if applicable) Phone

3 I have attached:

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

4 Employee name

Employee No. (if applicable)

Date / /

Signature

Return this form to your employer. Do not send this form to the Tax Office or to your superannuation fund.

Part C: Employer only

Date accepted / /

Processed / /