

max Super Standard Choice Form



Instructions

If you would like all of your future Super contributions to be made to **max Super**, you just need to fill in this form and we will do the rest for you – too easy! We will use the details you provide below to contact your Employer on your behalf.

- **Black or blue** pen please. We're not into pencil.
- Please use **BLOCK** letters.
- Any questions? Please contact the **max Team** on **1300 883 629**.
- When you've completed this form, please sign where indicated and mail to:

max Super
Reply Paid 4678
Melbourne VIC 8060 (No postage stamp required if posted within Australia)



Step 1 - Choice of Superannuation Fund

Excellent choice. Well done!

Please make all future superannuation guarantee contributions to the following chosen fund.

Fund Name

M A X S U P E R F U N D

Member Number

(Leave it blank if you don't know it)

Fund Account Name (Your Name)

Australian Business Number (ABN)

2 2 5 0 8 7 2 0 8 4 0

Superannuation Product Identification Number (SPIN)

E T L 0 0 5 5 A U

Superannuation Fund Number (SFN)

5 1 1 6 9 1 0 5 8

Step 2 - Your Employer's Details

Get Super from your Employer.

Employee or Payroll Number (if you have one)

Employer's Full Company Name

Contact Person at Employer

Email

Contact Phone Number

Level/Street No.

Address (Street Name)

Suburb/Town

State

Postcode

Step 3 - Authorisation

Give us the OK.

- I request that all future employer contributions are to be made to the **max Super Fund**.
- I direct and authorise **max Super** to act on my behalf to do everything necessary to nominate **max Super** as my chosen fund.

Your Signature



Date

D D / M M / Y Y Y Y

max Super Contact Details

Get in touch.

max Super

Reply Paid 4678
Melbourne VIC 8060

Phone: **1300 883 629**
Fax: 1300 787 529

Email: maxteam@maxsuper.com.au
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