

## Choice of Super Fund

Give this completed form to your employer. DO NOT send it to **max Super** or the Australian Taxation Office.

Please use a **dark pen** and CAPITAL letters (except for your email address). Use **(X)** to mark boxes. Forms are located on our website at [maxsuper.com.au/member/forms-docs](http://maxsuper.com.au/member/forms-docs). If you have any questions, call us on 1300 629 787.

### Section A: Member to complete

#### STEP 1: YOUR PERSONAL DETAILS

Title	Last name		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Residential address			
<input type="text"/>			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	M	F	Tax file number (TFN) *
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\* You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

#### STEP 2: YOUR EMPLOYER DETAILS

Employer name			
<input type="text"/>			
ABN (if known)	Employee number (if applicable)		
<input type="text"/>	<input type="text"/>		
Street address			
<input type="text"/>			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone number	Email		
<input type="text"/>	<input type="text"/>		

**STEP 3: MAX SUPER FUND DETAILS**

Fund name

M A X S U P E R

Unique superannuation identifier (USI) number

E T L 0 0 5 5 A U

Australian business number (ABN)

2 2 5 0 8 7 2 0 8 4 0

Fund telephone number (8am to 8pm AEST, Mon-Fri)

1 3 0 0 6 2 9 7 8 7

SPIN

E T L 0 0 5 5 A U

SFN

5 1 1 6 9 1 0 5 8

**STEP 4: SIGN THIS FORM**

I request that all my future contributions are paid to max Super

Signature

Date of signed (DD-MM-YYYY)

**Section B: Employer to complete**

Complete this section when your employee returns the form to you with Section A completed.

**RECORD OF YOUR CHOICE ACCEPTANCE**

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

Date employees' choice is received

  -   - 2 0  

Date you act on your employee's choice

  -   - 2 0  

**IMPORTANT:** If you don't meet your obligations, including paying your employee superannuation contribution to the correct fund, you may face penalties.

**NOTE:** Employers must keep the completed form for their own record for five years.

Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.

**INFORMATION FOR THE EMPLOYER**

Your employer has chosen to have their super contributions paid into max Super. This form is an allowable alternative to an ATO Standard Choice Form.