



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'

my own choice of superannuation fund

! You only need to complete 'Section A' if you want to choose the superannuation fund that your employer's superannuation contributions are paid to.

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

➤ Make sure your superannuation 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.

3 Details of my chosen superannuation fund:

Fund name

Fund address

Suburb/town State/territory Postcode

Member No. (if applicable)

Account name

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

Superannuation product identification number (if applicable)

Daytime phone number

4 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 retirement savings account (RSA) 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.

Your employer is not required to accept your choice of fund if you have not provided the appropriate documents.

Signature

Date
Day / Month / Year
 / /

! If you have completed 'Section A', return this form to your employer and keep a copy for your own records. Do not send this form to us at the Tax Office or your superannuation fund.

Section B: Employer to complete

➤ Give this form to your employee after you have completed 'Section B'.

5 Your details

Business name

ABN

Signature

Date

Day Month Year
 / /

6 Your employer nominated superannuation 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 (unless the employee has previously chosen a different fund):

Fund's name

Superannuation product identification number (if applicable)

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

Fund's website

For your records:

This section must be completed when the employee returns the form to you with a completed 'Section A'.

Date valid choice is accepted

Day Month Year
 / /

Date you act on your employee's valid choice

Day Month Year
 / /

ⓘ Do not send a copy of this form to us at the Tax Office or your superannuation fund. You must keep a copy for your own records for a period of five years.

ⓘ When you receive this form and all of the required information from your employee, and where an employee has chosen a fund, any contributions you make in the two months after receiving the form can be made to either your employer nominated superannuation fund (your default fund) or the employee's new chosen fund. Contributions after the two month period must be made to the employee's new chosen superannuation fund.

PRIVACY STATEMENT

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