

# Choosing a super fund

How to complete your *Standard choice form*.

## WHO SHOULD COMPLETE THIS FORM?

You should complete this form if you are:

- an employee, and
- eligible to choose a super fund.

## BEFORE YOU COMPLETE THIS FORM

Before you complete your *Standard choice form*, you should read *Super Decisions*. This document has been prepared by the Australian Securities and Investments Commission (ASIC) to help you understand more about super and make better super decisions. To obtain a copy:

- visit [www.fido.gov.au](http://www.fido.gov.au) or
- phone **1300 300 630**.

For more information about choosing a super fund, you should:

- visit [www.ato.gov.au](http://www.ato.gov.au) or
- phone **13 28 64** between 8.00am and 6.00pm Monday to Friday, to speak to a tax officer.



## HOW TO COMPLETE THIS FORM – EMPLOYEES

You must complete the sections in 'Part A' of the form.

### Question 1

#### Choice of superannuation fund

Complete this question by placing an 'x' in one of the boxes.

#### OPTION 1: Stay with your employer's super fund

If you don't make a choice, your employer's super contributions will be paid into a fund chosen by your employer. Your employer is not liable for the performance of the super fund you choose or the employer fund they choose on your behalf.

ⓘ Do not seek financial advice from your employer unless they are licensed to provide it. You can choose a different fund later if you like.

➤ If you chose this option, go to question 4 to complete your details.

#### OPTION 2: Choose a new super fund

You can choose the super fund you want your employer super contributions paid to.

ⓘ Any money you have in existing funds will remain there unless you arrange to transfer it (or roll it over) to another fund. Check the impact of any exit fees, or benefits you may lose, before leaving the fund. Your employer cannot do this for you.

ⓘ Your employer can only accept one *Standard choice form* from you every 12 months.

➤ If you chose this option, go to question 2.

### Question 2

#### Details of my chosen superannuation fund

Provide the details of your chosen super fund.

### Question 3

#### Appropriate documentation

Complete by placing an 'x' in the box and including a copy of the appropriate documentation listed in the *Standard choice form*.

### Question 4

#### Your details


Provide your personal details.

➤ Give this form to your employer and follow up with them to ensure your choice has been acted on within two months of giving them your form.

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

## HOW TO COMPLETE THIS FORM – EMPLOYERS

You must complete the sections in 'Part B' of the form.

 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.

### Question 5


#### Your details

Provide your details.

### Question 6

#### Your chosen superannuation fund

Provide details of your chosen super fund for your employee.

 Don't complete this question if your employee has chosen a super fund and supplied details in question 2.

### Question 7


#### Defined benefit fund entitlement


Complete by placing an 'x' in the appropriate box.

### Question 8

#### Previous super contributions

Provide details of where super contributions have been previously made.

 If your chosen fund has not changed please write 'not applicable' in the 'fund's name' field.

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

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

## MORE INFORMATION

### For individuals

- *Super – what you need to know* (NAT 71039), and
- *Super and your retirement* (NAT 71040).

### For employers

- *Super – what employers need to know* (NAT 71038).

### For more information:

- visit our website at [www.ato.gov.au](http://www.ato.gov.au)
- visit ASIC's FIDO website for financial tips and safety checks at [www.fido.gov.au](http://www.fido.gov.au)
- subscribe to 'What's New' at [www.ato.gov.au](http://www.ato.gov.au) to receive regular updates
- phone **13 28 64** to ask about choosing a super fund
- phone **13 10 20** between 8.00am and 6.00pm, Monday to Friday, to speak to a tax officer
- phone our publications ordering service on **1300 720 092** for copies of our publications, or
- write to us at  
**PO Box 3578**  
**ALBURY NSW 2640**

If you do not speak English well and want to talk to a tax officer, phone the Translating and Interpreting Service on **13 14 50** for help with your call.

If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone **13 36 77**. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on **1300 555 727**.



# Standard choice form

## 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

**1** 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)

**2** 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 <input style="width: 450px;" type="text"/>	State/territory <input style="width: 60px;" type="text"/>	Postcode <input style="width: 90px;" type="text"/>
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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. 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
- b. written evidence from the fund stating that they will accept contributions from my employer, and
- c. 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
<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

**1** 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  <sup>Day</sup> /  <sup>Month</sup> /  <sup>Year</sup> Date you act on your employee's valid choice  <sup>Day</sup> /  <sup>Month</sup> /  <sup>Year</sup>

 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.