

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:

- employer with employees who are eligible to choose a super fund, or
- employee who is eligible to choose a super fund.

⚠ If you are an employee and you are eligible to choose a super fund, your employer must give you this form to complete after they have completed Section B.

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 or
- phone **1300 300 630**.

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

- visit www.ato.gov.au or
- phone **13 28 64** between 8am and 6pm Monday to Friday, to speak to a tax officer.



HOW TO COMPLETE THIS FORM – EMPLOYEES

If you are an employee and you are eligible to choose a super fund, your employer must give you this form to complete after they have completed Section B. You can then complete Section A and return the form to your employer.

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 is only required to 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.

It is not an offence not to quote your tax file number (TFN). However, if you quote your TFN to your employer for super purposes, your employer must provide it to the super fund they pay your super to. Because of this:

- your super fund will be able to accept all types of contributions they receive for you
- the tax on contributions your fund receives for you will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your super benefits, and
- it is easier to keep track of different super accounts in your name so you receive all your super when you retire.

➔ 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. Just keep a copy for your own records.

HOW TO COMPLETE THIS FORM – EMPLOYERS

You must complete Section B of the form before you give the form to your eligible employee.

Question 5

Your details

Provide your details.

Question 6

Your chosen superannuation fund

Provide details of the super fund you have chosen for your employee.

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 Section B.

 When your employee completes this form and returns it to you, you have two months to start paying contributions to your employee's new fund. If they stay with the fund you have chosen, make sure you pay super contributions for them by the super guarantee quarterly cut-off dates of:

- 28 October
- 28 January
- 28 April, and
- 28 July.

 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
- visit ASIC's FIDO website for financial tips and safety checks at www.fido.gov.au
- subscribe to 'What's New' at www.ato.gov.au to receive regular updates
- phone **13 28 64** to ask about choosing a super fund
- phone **13 10 20** between 8am and 6pm, 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**.



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 Go to question 4
- my own choice of superannuation fund

2 Details of my chosen superannuation fund:

Name

Address

Suburb/town State/territory Postcode

Member No. (if applicable)

Account name

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

Superannuation product identification number (if applicable)

Daytime phone number

3 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 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.

4 Your details

Name

Tax file number (TFN)

! Make sure your super 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. It is not an offence not to quote your TFN. See page 2 of the instructions for more information.

Signature

Date

Day / Month / Year

! Do not send a copy of this form to us, or your superannuation fund.

Section B: Employer to complete

5 Your details

Business name

ABN

6 Your chosen 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:

Fund's name

Superannuation product identification number (if applicable)

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


Fund's website

7 Defined benefit fund entitlement

No Yes

8 Previous superannuation contributions

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

 If the employer fund has not changed please write 'not applicable' in the 'fund's name' field below.

Fund's name

Superannuation product identification number (if applicable)


Daytime phone number


Fund's website

For your records:

Date valid choice is accepted ^{Day} / ^{Month} / ^{Year}

Date you act on your employee's valid choice ^{Day} / ^{Month} / ^{Year}


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

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

PRIVACY STATEMENT

The information on this form is for the employee and employer. **Do not send this information to us.**

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

 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.