

Choice of superannuation fund: standard choice 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.

Complete all parts of this form in capital letters using a black or blue pen. Make sure you sign and date the completed form.

SECTION A Employee to complete

1 CHOICE OF SUPERANNUATION FUND

I request that all my future superannuation contributions be paid to:
(place an 'X' in one of the boxes below)

- My employer's superannuation fund named in SECTION B (6)
- My own choice of superannuation fund - complete SECTION A in full

! You only need to complete SECTION A if you want to choose a super fund different to the one selected by your employer.

2 DETAILS OF MY CHOSEN SUPERANNUATION FUND

Fund name

Fund address

Suburb/Town

State/Territory Postcode

Member number (if applicable)

Account name (if applicable)

Superannuation fund's Australian Business Number (ABN) (if applicable)

Superannuation product identification number (if applicable)

Daytime phone number ()

3 APPROPRIATE DOCUMENTATION (PLACE AN 'X' 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.

4 YOUR DETAILS

First name

Surname

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 low rate.

SIGN HERE

X

Date

! DO NOT SEND A COPY OF THIS FORM TO THE TAX OFFICE OR YOUR SUPERANNUATION FUND. GIVE THIS TO YOUR EMPLOYER.

SECTION B Employer to complete

5 YOUR DETAILS

Business name

ABN

SIGN HERE

X

Date

6 YOUR EMPLOYER NOMINATED SUPERANNUATION FUND

If your employee does not choose a different super fund, super contributions will be paid to the following fund on behalf of this employee (unless the employee has previously chosen a different fund):

Fund Name **C B U S**

Superannuation product identification number (if applicable)

C B U 0 1 0 0 A U

For the Product Disclosure Statement (PDS) for this fund (if applicable)

Phone **1 3 0 0 3 6 1 7 8 4**

Fund's website **www.cbussuper.com.au**

FOR YOUR RECORDS

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

Date valid choice is accepted

Date you act on your employee's valid choice

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GIVE A COPY OF THIS FORM TO YOUR EMPLOYEE AFTER YOU HAVE COMPLETED SECTION B.

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DO NOT SEND A COPY OF THIS FORM TO 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, 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.

Choosing a super fund: How to complete your standard choice form

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.

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.

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 transfer it (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 choose this option, go to Point 2.

2 DETAILS OF MY CHOSEN SUPERANNUATION FUND

Provide details of your chosen super fund.

3 APPROPRIATE DOCUMENTATION (PLACE AN 'X' IN THE BOX IF YOU HAVE ATTACHED THE REQUIRED INFORMATION.)

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

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 (subject to fund rules)
- 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 THE AUSTRALIAN TAX OFFICE, 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.

5 YOUR DETAILS

Provide your details.

6 YOUR EMPLOYER NOMINATED SUPERANNUATION FUND

If you wish to choose Cbus as your nominated employer (default) fund, the details have already been completed for you.



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 to meet your SG obligations and the rules of that fund.



DO NOT SEND A COPY OF THIS FORM TO THE AUSTRALIAN TAXATION OFFICE (ATO) OR YOUR SUPER FUND. HOWEVER, KEEP A COPY FOR YOUR OWN RECORDS FOR A PERIOD OF FIVE YEARS.

More information

For individuals: visit www.ato.gov.au to read the following publications:

- Standard choice form (NAT 13080), and

For employers:

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

For more information:

- visit 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 10 20 between 8am and 6pm, Monday to Friday, to speak to a tax officer.