Australian Government Australian Taxation Office Superannuation Standard choice form

For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

S	ection A: Employee to complete		
1	Choice of superannuation (super) fund I request that all my future super contributions be paid to: (place an X in one of the boxes below)		
	The APRA fund or retirement savings account (RSA) I nominate Complete items 2, 3 and 5		
	The self-managed super fund (SMSF) I nominate Complete items 2, 4 and 5		
	The super fund nominated by my employer (in section B) Complete items 2 and 5		
2 Your details			
	Name		
	Employee identification number (if applicable)		
	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.		
3	Nominating your APRA fund or RSA You will need current details from your APRA regulated fund or RSA to complete this item. Fund ABN		
	Fund address		
	Suburb/town State/territory Postcode		
	Unique superannuation identifier (USI)		
L Your member number (if applicable)			

Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund name
Fund address
Suburb/town State/territory Postcode
Fund phone
Fund electronic service address (ESA)
Fund bank account
Account number

Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at http://superfundlookup.gov.au/

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

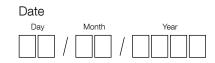
5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

Signature

Return the completed form to your employer as soon as possible.



Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

5	Your details
	Business name
	Signature Date
	Day Month Year
7	Your nominated super fund f the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:
7	Your nominated super fund f the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund
7	Your nominated super fund f the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:
7	Your nominated super fund f the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below: Super fund name
7	Your nominated super fund f the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below: Super fund name Jnique superannuation identifier (USI)

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

8 Record of 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 employee's choice Day Month Year Date you act on your Day / Day / Month is received Image: Algorithm of the second secon	If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.					
	Date employee's choice					

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.

PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry* (*Supervision*) *Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.