

Choice of Super Fund: Standard Choice Form

Please call us on **1300 362 415**
if you require any assistance.

Please complete this form using capital letters

Section A

Employee to
complete

1. Choice of super fund

I request that all my future super contributions be paid to:

My employer's super fund named in Section B, question 6

OR

My own choice of super fund

2. Your details

Given name/s

Family name

Employee identification number (if applicable)

Tax File Number (TFN)

Make sure your super fund knows your TFN. You can check 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 you don't pay additional tax. Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your TFN, but there may be consequences, such as paying increased tax if you do not. See the *Super Guide* at mtaasuper.com.au/member-handbooks

If your TFN is provided, your employer must provide your TFN to the super fund.

3. Details of my chosen super fund

Fund name

Fund address

Suburb

State

Postcode

Member number (if known)

Account name

Fund's Australian Business Number (ABN) (if applicable)

Unique Superannuation Identifier (USI) (if applicable)

Section A

Employee to complete
(continued)

Day time phone number

Fund electronic service address (ESA) (SMSFs only)

SMSF bank details

BSB

Account number

4. Appropriate documentation

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 Australian Taxation office (ATO) 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

Protecting your personal information has always been important to us and is required by law. The *Commonwealth Privacy Act* requires us to handle your personal information in accordance with a set of guidelines, known as the Australian Privacy Principles. Please view our full Privacy Policy online at mtaasuper.com.au/privacy which sets out our full obligations regarding the handling of your personal information.

I consent to my personal information being used in accordance with MTAA Super's Privacy Policy.

If you do not complete a *Standard Choice Form* and provide it to your employer, default fund arrangements will apply.

Section B

Employer to complete

5. Your details

Business name

ABN

Signature

Date

Section B

Employer to complete
(continued)

6. Your employer nominated super fund

If the employee does not choose a different super fund, super contributions will be paid to the following super fund on behalf of this employee:

Fund name

M T A A S U P E R A N N U A T I O N F U N D

Unique Superannuation Identifier

M T A 0 1 0 0 A U

Phone (for the Product Disclosure Statement for this fund)

1 3 0 0 3 6 2 4 1 5

Fund website

M T A A S U P E R . C O M . A U

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

D D M M Y Y Y Y

Date you act on your employee's valid choice

D D M M Y Y Y Y

Do not send a copy of this form to the ATO, or to your super 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.