

Employer Standard Choice Form



Please complete this form with BLOCK LETTERS and in blue or black ink.

EMPLOYEE TO COMPLETE

Choice of super fund

- My employer's super fund named in section 5 **OR** My own choice of super fund
(complete sections 1 & 3 below) (complete sections 1, 2 & 3 below)

1. Your personal details

Given names

Family name

Tax file number (TFN)

Your employee number (if applicable)

You do not have to quote your TFN but if you don't 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.

2. Choice of super fund

Fund ABN

Fund name

Fund address

Suburb State Postcode

Unique Superannuation Identifier (USI)

Telephone

Your member number (if known)

I have attached:

- a letter from the Trustee stating this is a complying fund or retirement savings account (RSA) or, for a self-managed superannuation fund, a copy of documentation from the ATO confirming the fund is regulated;
- written evidence from the fund stating 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.

3. Signature and date

Signature

Date

Give this **completed form** to your employer. **Do not** send it to First Super or the Australian Taxation Office (ATO).



EMPLOYER TO COMPLETE

Please complete this section before giving the form to your employee.

4. Employer details

Business name

Two rows of 20 empty boxes for business name input.

ABN

Four groups of three empty boxes for ABN input.

Signature

Signature box containing a red 'X'.

Date

Eight empty boxes for date input (DDMMYYYY).

5. Employer nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund nominated below:

Fund name	First Super
Unique Superannuation Identifier (USI)	FIS0001AU
Telephone	1300 360 988
Website	firstsuper.com.au

6. For your records

This section must be completed when the employee returns this form to you with the employee section completed.

Date valid choice is accepted

Eight empty boxes for date input (DDMMYYYY).

Date you act on your employee's valid choice

Eight empty boxes for date input (DDMMYYYY).

Note:

Employers must keep the completed form for their own records for five years. **DO NOT** send this form to First Super or the Australian Taxation Office (ATO).

Compliance statement

First Super is a complying, resident and regulated super fund and can accept all types of super contributions within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act). First Super is a registrable superannuation entity and may be nominated as a default fund, as it meets the minimum statutory insurance cover requirements. First Super Pty Ltd (ABN 42 053 498 472, AFSL 223988) as Trustee of the First Super Superannuation Fund (ABN 56 286 625 181).