

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.

•	Where your super should be paid is your choice. From 1 November 2021, if you start a new job and you do not advise your employer of your choice of super fund by completing this form, most employers will need to check with the ATO if you have an existing super account to pay your super into.						
	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) X Complete items 2 and 5						
	Your details						
	Name Seorin Lee						
	Employee identification number (if applicable)						
	Tax file number (TFN) 6 7 9 3 6 0 6 8 0						
	1) 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.						
	Nominating your APRA fund or RSA You will need current details from your APRA regulated fund or RSA to complete this item. To do this you can contact your fund or RSA directly, or you can view your fund or RSA account details by logging into ATO online services via the ATO approor through myGov and selecting Super. Fund ABN						
	Fund address						
	Suburb/town State/territory Postcode						
	Fund phone						
	Unique superannuation identifier (USI)						
	Your account name (if applicable)						
	Very an arab an arrange of far are like blak						
	Your member number (if applicable)						
	Correct information about your super fund is needed for your employer to pay super contributions. Your employer may cho						

■ all the information requested on this form

a letter from your fund stating they are a complying fund and can accept contributions from your employer (some funds may have a copy of this compliance letter on their website. For other funds you will need to contact them for this information).

You will need current details from your SMSF trustee to complete this item.
Fund ABN
Fund name
Fund address
Suburb/town State/territory Postcode
Fund phone
Fund electronic service address (ESA)
Fund bank account
Bank account name
BSB code (please include all six numbers) 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 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 \mathbf{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 the fund will accept contributions from your employer.
Signature and date If you have nominated your own fund in Item 3 or 4, check you have attached the required documentation and then place an X in the box below.
I have attached the relevant documentation.
Signature Date
Electronically signed by: Seorin Lee
Return the completed form to your employer as soon as possible 05/09/2023

5

Section B: Employer to complete

6

7

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.

Sign and date the form when you give it to your employee.

Your details								
Business name The Star								
ABN 68 657 495 890								
Signature								
Rosie Poniris Date Day Month Year								
Your nominated super fund								
If an employee does not choose their own super fund, and the ATO has advised the employee does not have a stapled super fund (for new employees from 1 November 2021), you can meet your SG obligations by paying super guarantee contribution on their behalf to the fund you have nominated below or another fund that meets the choice requirements:								
Super fund name HOSTPLUS Superannuation Fund - Industry								
Unique superannuation identifier (USI) HOSO10AU								
Phone (for the product disclosure statement for this fund) 1 3 0 0 4 6 7 8 7 5								
Super fund website address Hostplus.com.au								
ection C: Employer to complete								
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 an existing employee you can continue to make super contributions to their current fund or you can contribute to the new fund the employee nominated. After the two-month period you must make payments to the new fund chosen by the employee.

For new employees commencing employment from 1 November 2021, within the two month period, super contributions should be made to the employee's chosen fund or the stapled super fund if the employee has not made a choice. You can only make contributions to your nominated fund if the ATO advises you the employee does not have a stapled super fund.

If you don't meet your obligations, including paying your employee superannuation guarantee contributions to the correct fund, you may face penalties.

Date employee's choice is received	Day	Month /	/ Year	Date you act on your employee's choice	Day	/ Month	/ Year
---------------------------------------	-----	---------	--------	--	-----	---------	--------

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.