

## Standard choice form

## Only complete Section A of this form and provide it to your **current employer** if you want your employer contributions paid into your Prime Super account.

## Section A: Employee to complete

10	perannuation fund all my future superannuation contributions be paid to: (place an X in one of the boxes below)
	superannuation fund named in 'Section B – Question 6'
	my own choice of superannuation fund
	need to complete 'Section A' if you want to choose the superannuation fund that your employer's on contributions are paid to.
Your details	.*
	ification 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 the lt helps you keep track of your money, allows you to pay extra contributions, and makes sure the money gets taxed at the special low rate.
Details of my	chosen superannuation fund:
Fund name	
Fund address	Suburb/town State/territory Postcode
Member No. (if applicable) Account name	Suburb/town State/territory Postcode
	n fund's Australian business number (ABN) (if applicable)
Superannuation	product identification number (if applicable)
Daytime phone number	
Appropriate	<b>documentation</b> (Place an $X$ in the box if you have attached the required information.)
I have attact a. a letter f self mar b. written e	
Your emplo	oyer is not required to accept your choice of fund if you have not provided the appropriate documents.
Signature	Date  Day Month Year

Val	ur details
	0.0000000000000000000000000000000000000
bus	iness name
ABN	N
Sig	nature Date
	Day Month Year
Vai	ur employer nominated superannuation fund
f th	be employee does not choose a different superannuation fund, superannuation contributions will be paid to the bowing superannuation fund on behalf of this employee (unless the employee has previously chosen a different fur
Fun	d's name
Sup	perannuation product identification number (if applicable)
or	the product disclosure statement for this fund (if applicable) Phone
un	d's website
/OL	ır records:
This	s section must be completed when the employee returns the form to you with a completed 'Section A'.
	Day Month Year Date you act on your Day Month Year
Dat	e valid choice is accepted / / employee's valid choice / /
(	Do not send a copy of this form to us at the ATO or your superannuation fund. You must keep a copy for your
0	wn records for a period of five years.
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	When you receive this form and all of the required information from your employee, and where an employee has
(	hosen a fund, any contributions you make in the two months after receiving the form can be made to either your employ

## PRIVACY STATEMENT

We do not collect this information. We provide a format for you as an employee to provide that information to your employer.