



Section A: Employee to complete

1 Choice of superannuation fund

I request that all my future superannuation contributions be paid to: (place an in one of the boxes below)

my employer's superannuation fund named in 'Section B – Question 6'

my own choice of superannuation fund

! You only need to complete 'Section A' if you want to choose the superannuation fund that your employer's superannuation contributions are paid to.

2 Your details

Name

Employee identification 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 them. It 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.

3 Details of my chosen superannuation fund:

Fund name

Fund address

Suburb/town	State/territory	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Member No. (if applicable)

Account name

Superannuation fund's Australian business number (ABN) (if applicable)

Superannuation product identification number (if applicable)

Daytime phone number

4 Appropriate documentation (Place an in the box if you have attached the required information.)

I have attached:

- a. 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 Tax Office confirming the fund is regulated
- b. written evidence from the fund stating that they will accept contributions from my employer, and
- c. 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
Day Month Year
 / /

! If you have completed 'Section A', return this form to your employer and keep a copy for your own records. **Do not send this form to us at the Tax Office or your superannuation fund.**

Section B: Employer to complete

 Give this form to your employee after you have completed 'Section B'.

5 Your details

Business name

ABN

Signature

Date

Day / Month / Year

6 Your employer nominated superannuation fund

If the employee does not choose a different superannuation fund, superannuation contributions will be paid to the following superannuation fund on behalf of this employee (unless the employee has previously chosen a different fund):

Fund's name

Superannuation product identification number (if applicable)

For the product disclosure statement for this fund (if applicable) Phone


Fund's website

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 Day / Month / Year Date you act on your employee's valid choice Day / Month / Year

 **Do not send a copy of this form to us at the Tax Office or your superannuation 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, and where an employee has chosen a fund, any contributions you make in the two months after receiving the form can be made to either your employer nominated superannuation fund (your default fund) or the employee's new chosen fund. Contributions after the two month period must be made to the employee's new chosen superannuation fund.

PRIVACY STATEMENT

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

To Whom It May Concern

Dated 15 March 2010

Compliance Notice

A.S.S.E.T. Limited is the Trustee of Australian Superannuation Savings Employment Trust (Asset Super) and certifies that:

- Asset Super is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act) and Regulations, and other APRA Guidelines.
- Asset Super meets the death cover requirements for choice of fund, and has never received a notice of non-compliance from the Australian Prudential Regulation Authority.
- Asset Super is able to accept contributions from employers and personal members.
- Asset is not subject to a direction under section 63 of the Act.
- The Asset Super Trust Deed allows benefits of any amount to be accepted as rollovers.
- Rollovers to Asset Super will be preserved in accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations. Any unrestricted non-preserved portion of the rollover will remain unrestricted in Asset Super and may be cashed out by the member at any time.
- Asset Super's Superannuation Fund Number: 131944944
- Asset Superannuation Product Identification Number (SPIN): ASS0100AU
- Asset Pension Product Identification Number (SPIN): ASS0107AU
- Asset Super's Australian Business Number (ABN): 98 061 665 900.
- A.S.S.E.T. Limited Australian Business Number (ABN): 13 003 257 190.
- Asset Super's Australian Financial Services Licence Number: 230070
- A.S.S.E.T. Limited has an RSE Licence Number: L0000062
- Asset Super's has RSE Registration Number: R1000023
- Cheques should be made payable to: Asset Super

Please send cheques, contribution details and any ETP Rollover Statements to:

Super members: Asset Super
Locked Bag 5088
Parramatta NSW 2124

Pension members: Asset Pension
Locked Bag 5042
Parramatta NSW 2124

If you have any questions or require further information, please contact the Asset Super Client Service Centre on 1800 805 981 between 8.00am and 6.00pm (E.S.T), Monday to Friday, by email at asset@assetsuper.com.au, or visit our website at www.assetsuper.com.au



John Paul
Chief Executive Officer
Asset Super