

Optimum Corporate Super Standard choice form



Issued 1 January 2014

Please use this form to tell your employer you want your super contributions to be paid into your Optimum account. Don't send this form to the Australian Tax Office or your super fund.

Tips to help you complete this form

- Use blue or black pen and BLOCK letters
- Use a cross (X) to mark answer boxes
- Complete all of the form and sign and date on the last page.

Any questions? If you'd like help completing this form, or if you have any questions, just call us on 1800 819 499.

Privacy Statement

We don't collect this information. We provide a format for you as an employee to provide this information to your employer.

Section 1. Employee to complete

1. Personal details

Title	<input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Employee identification number (if applicable)	<input type="text"/>
TFN	<input type="text"/>

Note: Make sure your super 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.

2. Choice of super fund

I request that all my future superannuation contributions be paid to: (place a cross (X) in one boxes below):

- My own choice of superannuation fund named in 'Section 3 – Details of my chosen super fund'. Please complete Part A below.
- My employer's nominated super fund named in 'Section 6 – Your employer nominated super fund'. You don't need to complete Part A.

Part A: Employee to complete

You only need to complete Part A if you want to direct your employer to pay your super contributions into your Optimum account.

3. Details of my chosen super fund

Fund name	<input type="text"/>
Fund address	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Super fund's business ABN	<input type="text"/>
Unique superannuation identifier (USI)	<input type="text"/>
Phone number	<input type="text"/>

Payment details

Direct debit

Your employer can conveniently contribute to your Optimum account on a regular basis by setting up a direct debit facility. There's no minimum for direct debits made by your employer. Please complete a Direct Debit Request form.

Deductions from the nominated bank account are made on or around the 1st of the relevant month. You can change or cancel this arrangement at any time and we must receive your request on or before the 25th of the month for it to be effective for the next scheduled direct debit.

BPAY®

Bill code	Contribution type
787218	Personal contribution
787259	Employer salary sacrifice
787242	Employer SG and award
787200	Employer voluntary

Your CRN is provided in your welcome pack, or you can call us, or login to WealthSolutions Online to obtain your reference number.

Cheque

Please make cheques payable to 'Suncorp Portfolio Services Limited - <account name>

4. Appropriate documentation

Place a cross (X) 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 super fund.
- b. written evidence from the super fund stating that they will accept contributions from my employer, and
- c. details about how my employer can make contributions to this super fund.

Your employer is not required to accept your choice of fund if you have not provided the appropriate documents.

Signature

Date / /

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

Part B: Employer to complete

Note: Employer only needs to complete Part B if your employee wants their super contributions to be paid to your nominated super fund below.

5. Employer details

Company name

Trading name

ABN

Signature

Date / /

Print Full name

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'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.

Date valid choice is accepted

Date you act on your employee's valid choice

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