Choice of super fund: standard choice form

Complete this form if you are an:

- employer with employees who wish to choose a super fund, OR

Section A	- Employee to complete
Step 1: You	r details
First name	
Surname	
Tax File Number	(TEN)
	af for information on TFN.
Step 2: You	r choice
	ny future super contributions to be paid to:
OPT.1 – My En	nployer's default fund: Media Super > Go to step 3 & 5
OPT.2 – My ov	vn choice Co to step 4 & 5
Step 3: You	ır Media Super member number (if applicable)
Input your exist	ing member number or join at
mediasuper.co	m.au/join to generate a new member number.
Step 4: Det	tails of my chosen super fund
Fund name	
Fund address	
runu addi ess	
Suburb/town	
State/territory	Postcode
Member numbe	r (if applicable)
Account name	
Superannuation	n fund's Australian Business Number (ABN) (if applicable)
Unique Superar	nuation Identifier (USI) (if applicable)
Phone number	
Required docun	nentation for SMSF: You need to attach a letter from
	SF stating that they are a complying fund and that they ributions from your employer.
Is this a SMSF?	inductions from your employer.
I am the trus	tee, or a director of the corporate trustee of the SMSF and
	t the SMSF will accept contributions from my employer.
ATO regula	to attach a document confirming the SMSF is an atted super fund.
■ Fund bank BSB (please inclu	de all six numbers)
Account numbe	
	service address (ESA)
5.556151110	,
Chan E O	ro and data
	n and date
Either print and the form electro	sign the paper form, or type in your full name to 'sign' onically.
Sign he	•

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	super

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ABN															
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Date:	D	D			1		0	Y	Υ						
Step	7: Y	ou!	r en	npl	oye	r d	efa	ult	sup	erf	fun	d			
lf your e have a s be paid	taple	ed fu	ınd (as p	rovi	ded	by tl	ne A	ГО),	supe	er co	ntri			
Fund na	me	М	Ε	D	I	Α		S	U	Р	Ε	R			
Unique	Supe	eranı	nuat	ion	lden	tifie	r (US	SI) (if	appl	icabl	e)				
7 5	4	9	3	3	6	3	2	6	2	0	0	2			
For the	Prod	uct l	Disc	losu	re S	tate	mer	nt (Pl	OS) f	or th	nis fu	und	(if ap	plica	ble)
Phone		1	8	0	0	6	4	0	8	8	6				
Fund's v	vebs	ite			med	dias	upe	er.co	om.a	au					
				rds	6										
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Date va	This forn	sect n to y	tion i	must vith a	be c com	plet				e em	ploy	ee re	turns	s the	
For you	This forn	sect n to y	tion i	must vith a acce 2	be compted	plet I Y	ed S	ectio	n A.	e em	ploy	ee re	turn	s the	
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Do not send this form to the Australian Tax Office (ATO) or your super fund. This form is for the Employer to keep.

Choosing a super fund: HOW TO COMPLETE YOUR STANDARD CHOICE FORM



How to complete this form: Employees

Your employer must give you this form to complete after they have completed Section B. You can then complete Section A and return the form to your employer.

Step 1: Your details

Provide your personal details.

Supplying your TFN is optional. However, if you quote your TFN to your employer for super purposes, your employer must provide it to the super fund they pay your super to. By providing your TFN:

- your super fund will be able to accept all types of contributions they receive for you (subject to fund rules)
- you may not have to pay extra tax on your contributions
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your super benefits
- it is easier to keep track of different super accounts in your name so you receive all your super when you retire.

Step 2: Your choice

Complete this step by placing an 'x' in one of the boxes. You can change the fund your employer pays your super into at any time by filling out this form and returning it to your employer.

Option 1: Choose your employer's super fund

You can choose the super fund you want your super paid into, this can include your employers default fund. Your employer is not liable for the performance of the super fund you choose or the employer fund they choose on your behalf.

Option 2: Choose a new super fund

You can choose the super fund you want your employer to pay super contributions to, in Step 4. Any money you have in existing funds will remain there unless you transfer it (roll it over) to another fund.

Check any benefits you may lose, before leaving the fund. Your employer cannot do this for you.

Your employer is only required to accept one standard choice form from you every 12 months.

Step 3: I am already a member of Media Super

Provide your member number and your super will be paid into your existing account. If you're new to Media Super and need a member number, join online at mediasuper.com.au/join.

Step 4: Details of my chosen super fund

Provide details of your chosen super fund.

Step 5: Sign and date

Signatures can be given in either hard copy (print and physically sign form) or soft copy (type in full name electronically) and submit to the employer.



Give this form to your employer and follow up with them to ensure your choice has been acted on within two months of giving them your form.



Do not send a copy of this form to the AustralianTaxation Office (ATO) or your super fund. Just keep a copy for your own records.

How to complete this form: Employers

You must complete Section B of the form before you give the form to your eligible employee.

Step 6: Your details

Provide your business details.

Step 7: Your employer default super fund

If Media Super is your nominated employer default fund, the details have already been completed for you.



Do not send a copy of this form to the Australian Taxation Office (ATO) or your super fund. However, keep a copy for your own records for a period of five years.

When your employee completes this form and returns it to you, you have two months to start paying contributions to your employee's new fund. If they stay with the fund you have chosen, make sure you pay super contributions for them to meet your SG obligations and the rules of that fund.



Media Super Locked Bag 5056 PARRAMATTA NSW 2124



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Visit Media Super in person in Adelaide, Brisbane, Melbourne, Perth and Sydney. Details: **mediasuper.com.au/contact**