Choosing a super fund

How to complete your Standard choice form (NAT 13080).

DO YOU NEED TO COMPLETE THIS FORM?

Employers

You must complete this form if you are an employer and:

- you hire a new employee who is eligible to choose a super fund
- an existing eligible employee asks you for a form
- vou cannot contribute to an employee's chosen super fund or it is no longer a complying fund, or
- vou change your employer nominated super fund (for the employees affected by this change of fund).

Employees

You may complete this form if you are an employee who is eligible to choose a super fund and you choose a fund that is different to your employer's nominated fund.

The terms 'super fund', 'superannuation fund' and 'fund' also refer to a retirement savings account. A retirement savings account can be chosen as a super fund by an employer or employee.

BEFORE YOU COMPLETE THIS FORM

Before you complete your Standard choice form, you should read Super Decisions. This document has been prepared by the Australian Securities and Investments Commission (ASIC) to help you understand more about super and make better super decisions. To obtain a copy:

- visit www.fido.gov.au or
- phone 1300 300 630.

For more information about choosing a super fund:

- visit our website at www.ato.gov.au or
- phone us on 13 10 20 between 8.00am and 6.00pm Monday to Friday, to speak to a tax officer.



HOW TO COMPLETE THIS FORM

SECTION A: EMPLOYEES

If you are an employee and you are eligible to choose a super fund, your employer must give you this form after they have completed 'Section B'.

Question 1

Choice of superannuation fund

Complete this question by placing an 'X' in one of the boxes.

OPTION 1: You can stay with your employer's super fund

If you don't make a choice, your employer's super contributions will be paid into a fund chosen by your employer. You do not need to complete 'Section A' for this option.

Your employer is not liable for the performance of the super fund you choose or the employer fund they choose on your behalf.

Do not seek financial advice from your employer unless they are licensed to provide it. You can choose a different fund later if you like.

• You only need to complete 'Section A' if you are choosing a fund that is different to your employer's nominated fund (also known as their default fund). You do not need to return this form to your employer if you want to continue to stay with their default fund.

OPTION 2: Choose your own super fund

You can choose the super fund you want your employer super contributions paid to. You need to complete 'Section A' for this option.

Any money you have in existing funds will remain there unless you arrange to transfer it (or roll it over) to another fund. Check the impact of any exit fees, or 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.

If you chose this option, go to 'Question 2'.

Question 2 Your details

Provide your personal details.

If you quote your tax file number (TFN) to your employer for super purposes, they must provide it to the super fund they pay your super to.

Providing your TFN means:

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

You are not legally required to quote your TFN but if you do not quote it your contributions may be taxed at a higher rate.

Question 3

Details of my chosen superannuation fund

Provide the details of your chosen super fund.

Question 4 Appropriate documentation

Complete by placing an 'X' in the box and including a copy of the appropriate documentation listed in the *Standard choice form*.

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

 If you have completed 'Section A', return this form to your employer and keep a copy for your own records.
 Do not send a copy of this form to us at the Australian Taxation Office (ATO) or your super fund.

SECTION B: EMPLOYERS

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

Question 5

Your details

Provide your details.

Question 6

Your employer nominated superannuation fund

Provide details of your employer nominated super fund.

If your employer nominated fund has not changed, write 'NOT APPLICABLE' in the 'Fund's name' field.

Give this form to your employee after you have completed 'Section B'. When your employee returns the completed form to you, do not send it to us at the ATO or your super fund. You must keep a copy for your own records for five years.

Make sure that you pay super contributions for your employees by the super guarantee cut-offs:

- 28 October
- 28 January
- 28 April
- 28 July.

This applies whether an employee completes this form or not.

Where an employee chooses a fund, any contributions you make in the two months after receiving the form can be made to either your employer nominated super 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 super fund.

MORE INFORMATION

For individuals

- Super what you need to know (NAT 71039), and
- Super and your retirement (NAT 71040).

For employers

- Super what employers need to know (NAT 71038)
- Superannuation guarantee how to meet your super obligations (NAT 1987), and
- Paying super your handy reference (NAT 72035).

For more information:

- visit our website at www.ato.gov.au
- visit ASIC's FIDO website at www.fido.gov.au for financial tips and safety checks
- subscribe to 'What's New' at www.ato.gov.au to receive regular updates
- phone us on 13 10 20 between 8.00am and 6.00pm, Monday to Friday, to speak to a tax officer
- phone our publications ordering service on 1300 720 092 for copies of our publications, or
- write to us at
 Australian Tax Office
 PO Box 3578
 ALBURY NSW 2640

If you do not speak English well and need help from us, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf, or have a hearing or speech impairment, phone us through the National Relay Service (NRS) on the numbers listed below:

- TTY users, phone 13 36 77 and ask for the ATO number you need
- Speak and Listen (speech-to-speech relay) users, phone
 1300 555 727 and ask for the ATO number you need
- internet relay users, connect to the NRS on www.relayservice.com.au and ask for the ATO number you need.

OUR COMMITMENT TO YOU

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect or misleading, and you fail to comply with the law as a result, we must still apply the law correctly. However, we will take the fact that you followed our information into account when deciding what action, if any, we should take.

If you make an honest mistake in trying to follow our information in this publication and you fail to comply with the law as a result, we will take the reason for the mistake into account in deciding what action to take.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at **www.ato.gov.au** or contact us.

This publication was current at June 2010.

© AUSTRALIAN TAXATION OFFICE FOR THE COMMONWEALTH OF AUSTRALIA, 2011

You are free to copy, adapt, modify, transmit and distribute this material as you wish (but not in any way that suggests the ATO or the Commonwealth endorses you or any of your services or products).

PUBLISHED BY

Australian Taxation Office Canberra August 2011

JS 21610



	ll my f	uture s	n fur		tion c	cont	ributio	ons l	be pai	d to	: (plac	e an	Xir	none	of th	ne bo	xes b	elow)	
my employer's s										г									,	
5 1 5										L L										
						you	want t	to ch	hoose	the s	supera	เททน	ation	fund t	hat	your (emplo	oyer's	3	
Your details																				
Name																				
Employee identi	fication	numbe	ər (if a	pplica	ble)															
Tax file number	TFN) [[You c It help contri	an c os yo butic	heck ji iu keep ons, ar	ust b o trac	y look ck of y	ing at our m	you Ione	r lates y, allo	st sta ws yo	teme ou to	nt from pay ex	them. tra
Details of my	chos	en sur	pera	nnua	tion f	un	d:	L												
Fund name																				
Fund address																				
	Suburb/	town													S	tate/te	rritory		Postco	de
Member No. (if applicable)																				
Account name																				
Superannuation	fund's	Austral	ian bi	usines	s num	nber	(ABN)	(if a	pplica	ole)										
Superannuation	produc	ct identi	ificatio	on nur	nber (jif ap	plicabl	le)												
Daytime phone number											<u> </u>									
A					K	1.										. 、				
I have attact a. a letter fr self man b. written e c. details a	hed: rom the aged si vidence bout ho	e trustee uperanr e from t ow my e	e stati nuatic the fui emplo	ing that on fund nd state oyer ca	at this d, a co Iting th an mal	is a opy nat t ke c	compl of doci hey wil	lying ume II acc ution	g fund entatio cept c ns to th	or re n froi ontri nis fu	tireme m the bution ind.	nt sa ATO s frc	avings confi om my	s accc rming / empl	ount the loye	(RSA fund r, anc	is reg I	gulate		
	yer is n	ot requ	ired to	o acce	ept yo	ur c	hoice c	of fui	ind if y	ou h	ave no	ot pro	ovideo	d the a	appr	opria	te do	cume	ents.	
Signature																' _	Vonth	/ [Yea	r
	Superannuation Your details Name Employee identif Tax file number (Details of my Fund name Fund address Member No. (if applicable) Account name Superannuation Superannuation Daytime phone number Appropriate of a l have attac a. a letter fr self mana b. written e c. details at	superannuation cont Your details Name Employee identification Tax file number (TFN) Details of my chose Fund name Fund address Fund address Suburb/ Member No. (if applicable) Account name Superannuation fund's Superannuation produce Daytime phone I have attached: a. a letter from the self managed st b. written evidence c. details about ho Your employer is n	superannuation contribution Your details Name Employee identification number Tax file number (TFN) Tax file number (TFN) Fund name Fund address Suburb/town Member No. (if applicable) Account name Superannuation fund's Austral Superannuation product ident Daytime phone number I have attached: a. a letter from the trustee self managed superann b. written evidence from the r. details about how my e Your employer is not required	You only need to complete 'S superannuation contributions are Your details Name Employee identification number (if a Tax file number (TFN) Details of my chosen superation Fund name Fund address Suburb/town Member No. (if applicable) Account name Superannuation fund's Australian but Superannuation product identification Daytime phone number Appropriate documentation I have attached: a. a letter from the trustee statt self managed superannuation b. written evidence from the function Your employer is not required to the function	You only need to complete 'Section superannuation contributions are paid to superannuation contributions are paid to superannuation contributions are paid to superannuation number (if application number (if application number (if application number (IFN) Details of my chosen superannuation fund name Fund name Fund address Suburb/town Member No. (if applicable) Account name Superannuation fund's Australian busines Superannuation product identification number Daytime phone number Appropriate documentation (Place I have attached: a. a letter from the trustee stating the self managed superannuation fund station fund stati	You only need to complete 'Section A' if superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Tax file number (TFN) Details of my chosen superannuation for fund name Fund address Suburb/town Member No. (if applicable) Account name Superannuation fund's Australian business num Superannuation product identification number (Daytime phone number) Appropriate documentation (Place an X) I have attached: a. a letter from the trustee stating that this self managed superannuation fund, a co b. written evidence from the fund stating ti c. details about how my employer can ma Your employer is not required to accept youther	You only need to complete 'Section A' if you superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Tax file number (TFN) Details of my chosen superannuation fund Fund name Fund address Fund address Suburb/town Member No. (if applicable) Account name Superannuation fund's Australian business number Superannuation product identification number (if applicable) Appropriate documentation (Place an X) in fill a law attached: a. a letter from the trustee stating that this is a self managed superannuation fund, a copy b. written evidence from the fund stating that this is a need for a business and the fund stating that this is a need for an age of superannuation fund, a copy	You only need to complete 'Section A' if you want if superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Tax file number (TFN) Details of my chosen superannuation fund: Fund name Fund address Suburb/town Member No. (if applicable) Account name Superannuation fund's Australian business number (ABN) Superannuation product identification number (if applicable) Daytime phone number I have attached: a. a letter from the trustee stating that this is a complexit set from the fund stating that they wit c. details about how my employer can make contribut Your employer is not required to accept your choice of the set	You only need to complete 'Section A' if you want to c superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Tax file number (TFN) Details of my chosen superannuation fund: Fund name Fund address Suburb/town Member No. (if applicable) Account name Superannuation fund's Australian business number (ABN) (if a Superannuation product identification number (if applicable) Daytime phone number Appropriate documentation (Place an) in the box if you in the address: a. a letter from the trustee stating that this is a complying self managed superannuation fund, a copy of docume b. written evidence from the fund stating that they will ac c. details about how my employer can make contribution Your employer is not required to accept your choice of function of the complex is not required to accept your choice of function of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept your choice of the complex is not required to accept	You only need to complete 'Section A' if you want to choose superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Image: Superannuation fund: Fund name Fund address Suburb/town Member No. (if applicable) Account name Superannuation fund's Australian business number (ABN) (if applicable) Daytime phone number I have attached: a. a letter from the trustee stating that this is a complying fund self managed superannuation fund, a copy of documentation b. written evidence from the fund stating that they will accept c. c. details about how my employer can make contributions to the Your employer is not required to accept your choice of fund if you have attached:	superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Image: Superial Soft my chosen superannuation fund: Fund name Fund address Suburb/town Suburb/town Suburb/town Suburb/town Suburb/town Superannuation fund's Australian business number (ABN) (if applicable) Superannuation product identification number (if applicable) Superannuation product identification number (if applicable) Daytime phone I have attached: a. a letter from the trustee stating that this is a complying fund or re self managed superannuation fund, a copy of documentation for b. written evidence from the fund stating that they will accept contri c. details about how my employer can make contributions to this further will accept contributions to this further will ac	You only need to complete 'Section A' if you want to choose the supera superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Image: Tax file number (TFN)	You only need to complete 'Section A' if you want to choose the superannu superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Tax file number (TFN) Details of my chosen superannuation fund: Fund name Fund address Suburb/town Suburb/town Member No. (if applicable) Account name Superannuation fund's Australian business number (ABN) (if applicable) Daytime phone number I have attached: a. a letter from the trustee stating that this is a complying fund or retirement single superannuation fund, a copy of documentation from the ATO b. written evidence from the fund stating that they will accept contributions for c. details about how my employer can make contributions to this fund.	You only need to complete 'Section A' if you want to choose the superannuation superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) You can check just by look it helps you keep track of y contributions, and makes a special low rate. Details of my chosen superannuation fund: Fund name Fund address Suburb/town Account name Superannuation fund's Australian business number (ABN) (if applicable) Superannuation product identification number (if applicable) Daytime phone number Appropriate documentation (Place an X) in the box if you have attached the require a self managed superannuation fund, a copy of documentation from the ATO confib. written evidence from the fund stating that they will accept contributions from my c. details about how my employer can make contributions to this fund.	You only need to complete 'Section A' if you want to choose the superannuation fund t superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Tax file number (TFN) Details of my chosen superannuation fund: Fund name Fund address Suburb/town Superannuation fund's Australian business number (ABN) (if applicable) Details of number fund's Australian business number (ABN) (if applicable) Superannuation product identification number (if applicable) Daytime phone In the box if you have attached the required infor I have attached: a. a letter from the trustee stating that this is a complying fund or retirement savings acccc self managed superannuation fund, a copy of documentation from the ATO confirming b. written evidence from the fund stating that they will accept contributions from my employer is not required to accept your choice of fund if you have not provided the a Signature	You only need to complete 'Section A' if you want to choose the superannuation fund that superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Tax file number (TFN) Make sure your superannuation You can check just by hoking at you It helps you keep track of your mone contributions, and makes sure the m special low rate. Details of my chosen superannuation fund: Fund address Suburbrown Suburbrown Superannuation fund's Australian business number (ABN) (if applicable) Daytime phone number Appropriate documentation (Place an X in the box if you have attached the required informat self managed superannuation fund, a copy of documentation from the ATO confirming the b. written evidence from the fund stating that this is a complying fund or retirement savings account a self about how my employe c. details about how my employer can make contributions from my employe c. details about how my employer can make contributions to this fund.	You only need to complete 'Section A' if you want to choose the superannuation fund that your of superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Tax file number (TFN) Details of my chosen superannuation fund: Fund name Fund address Suburbrown Suburbrown <td>You only need to complete 'Section A' if you want to choose the superannuation fund that your employer annuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Question the control of the provided the applicable of the provided the appropriate documentation fund that your latest start helps you keep track of your money, allows you contributions, and makes sure the money gets special low rate. Details of my chosen superannuation fund: Fund address Fund address Suburb/town Suburb/town State/territory Member No. (if applicable) Account name Superannuation product identification number (if applicable) Daytime phone number 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 self analog account for the ATO confirming the fund is reg 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 do</td> <td>You only need to complete 'Section A' if you want to choose the superannuation fund that your employer's superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Image: Superannuation fund is paper and the superannuation fund knows you to contributions, and makes sure the money gets taxed special low rate. Details of my chosen superannuation fund: Fund name Fund address Suburb/town Suburb/town State/territory Member No. (if applicable) Account name Superannuation fund's Australian business number (ABN) (if applicable) Daytime phone number Appropriate documentation (Place an) I have attached: a. a letter from the trustee stating that this is a complying fund or retirement savings account (PSA) or, for a a self managed superannuating that they will accept contributions from my employer, and c. details about how my employer can make contributions to this fund. You can elect is about how my employer can make contributions to this fund.</td> <td>You only need to complete 'Section A' if you want to choose the superannuation fund that your employer's superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) You can check just by looking at your latest statement from It helps you keep track of your money, allows your TFN. You can check just by looking at your latest statement from It helps you keep track of your money, allows you to pay ex 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/territoy Postice Superannuation product identification number (if applicable) Component in the fund is a state that 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 ATO confirming the fund is regulated b. written evidence from the fund stating that they will accept contributions for my employer, and c. details about how my employer can make contributions to this fund.</td>	You only need to complete 'Section A' if you want to choose the superannuation fund that your employer annuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Question the control of the provided the applicable of the provided the appropriate documentation fund that your latest start helps you keep track of your money, allows you contributions, and makes sure the money gets special low rate. Details of my chosen superannuation fund: Fund address Fund address Suburb/town Suburb/town State/territory Member No. (if applicable) Account name Superannuation product identification number (if applicable) Daytime phone number 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 self analog account for the ATO confirming the fund is reg 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 do	You only need to complete 'Section A' if you want to choose the superannuation fund that your employer's superannuation contributions are paid to. Your details Name Employee identification number (if applicable) Tax file number (TFN) Image: Superannuation fund is paper and the superannuation fund knows you to contributions, and makes sure the money gets taxed special low rate. Details of my chosen superannuation fund: Fund name Fund address Suburb/town Suburb/town State/territory Member No. (if applicable) Account name Superannuation fund's Australian business number (ABN) (if applicable) Daytime phone number Appropriate documentation (Place an) I have attached: a. a letter from the trustee stating that this is a complying fund or retirement savings account (PSA) or, for a a self managed superannuating that they will accept contributions from my employer, and c. details about how my employer can make contributions to this fund. You can elect is about how my employer can make contributions to this 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. Your details Name Employee identification number (if applicable) Tax file number (TFN) You can check just by looking at your latest statement from It helps you keep track of your money, allows your TFN. You can check just by looking at your latest statement from It helps you keep track of your money, allows you to pay ex 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/territoy Postice Superannuation product identification number (if applicable) Component in the fund is a state that 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 ATO confirming the fund is regulated b. written evidence from the fund stating that they will accept contributions for my employer, and c. details about how my employer can make contributions to this fund.

Section B: Employer to complete

	ails
Business r	ame
ABN	
Signature	
	Date Day Month Year
If the emp	bloyer nominated superannuation fund loyee does not choose a different superannuation fund, superannuation contributions will be paid to the superannuation fund on behalf of this employee (unless the employee has previously chosen a different func
Fund's nar	ne
Superannı	ation product identification number (if applicable)
For the pro	duct disclosure statement for this fund (if applicable) Phone
Fund's wel	osite
your reco	rds:
•	n must be completed when the employee returns the form to you with a completed 'Section A'.
This sectio	
This sectio	n must be completed when the employee returns the form to you with a completed 'Section A'. Day Month Year Day Month Year Day Month Year (
This sectio	n must be completed when the employee returns the form to you with a completed 'Section A'. Day Month Year Day Month Year Day Month Year (
This sectio	n must be completed when the employee returns the form to you with a completed 'Section A'. Day Month Year Date you act on your employee's valid choice / / / / / / / / / / / / / / / / / / /

PRIVACY STATEMENT

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