

Suncorp Employee Superannuation Plan Standard choice form (for members)



Suncorp Portfolio Services Limited (Trustee)
ABN 61 063 427 958 AFSL 237905 RSE L0002059

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

Tips to help you complete this form

- Use blue or black pen and CAPITAL 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 652 489

Privacy Statement

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

1. Personal details

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

Note: Make sure your super fund knows your TFN. You can check 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 your money gets taxed at the special low rate.

2. Choice of super fund

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

- My own choice of super 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. Employer to complete Part B.

Part A. Employee to complete

Note: You only need to complete Part A if you want to direct your employer to pay your super contributions to your Suncorp Employee Superannuation Plan account.

3. Details of my chosen super fund

Suncorp Employee Superannuation Plan account number	<input type="text"/>
Fund name	Suncorp Employee Superannuation Plan (Part of Suncorp WealthSmart™ Business Super)
Fund address	GPO BOX 2585 (IPC: LS004)
Suburb/Town	BRISBANE
State	QLD Postcode 4001
Fund's ABN	98 350 952 022
Superannuation product identification number	RSA0003AU
Phone number	1800 652 489

Payment details

Direct debit

Your employer can conveniently contribute to your Suncorp Employee Superannuation Plan account on a regular basis by setting up a direct debit facility. There's no minimum for direct debits. 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®

Biller code	Contribution type
787275	Personal contribution
787317	Employer salary sacrifice
787309	Employer SG and award
787291	Employer voluntary

Your Customer reference number (CRN) is provided in your welcome pack, or you can call us, or login to your Suncorp Employee Superannuation Plan account via Suncorp WealthSmart™ online to obtain your CRN.

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 letter from the Trustee stating that this is a complying super fund.
- written evidence from the super fund stating that they will accept contributions from my employer and
- details about how my employer can make contributions to this super fund.

Your employer isn't required to accept your choice of super fund if you haven't provided the appropriate documents.

If you have completed Part A, return this form to your employer and keep a copy for your own records. **Don't send this form to the Australian Tax Office or the Suncorp Employee Superannuation Plan.**

Signature

Date //

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 doesn't choose a different fund, super contributions will be paid to the following super fund on behalf of the employee.

Fund name

Superannuation product identification number (if applicable)

For the fund's product disclosure statement (if applicable) phone

Fund's website

For your employer's records

This section must be completed when the employee returns this completed form to you.

Date valid choice is accepted //

Date you act on your employee's valid choice //

Don't send a copy of this form to the Australian 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 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 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.