

Instructions and form for employers and employees

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: n you hire a new employee who is eligible to choose a

super fund

n an existing eligible employee asks you for a form
n you cannot contribute to an employee’s chosen super fund

or it is no longer a complying fund, or

n you 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.

NAT 13080-08.2011

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:

n visit [www.fido.gov.au](http://www.fido.gov.au/) or n phone 1300 300 630.

For more information about choosing a super fund: n visit our website at [www.ato.gov.au](http://www.ato.gov.au/) or

n 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’.

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:

n your super fund will, subject to its rules, be able to accept all
 contributions for you

n the tax on contributions your fund receives for you will not
 increase

n other than the tax that may ordinarily apply, no additional tax
 will be deducted when you start drawing down your super

benefits, and

n 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.

CHOOSING A 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:

n 28 October

n 28 January n 28 April

n 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.

CHOOSING A SUPER FUND

MORE INFORMATION

For individuals

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

For employers

n *Super - what employers need to know* (NAT 71038)
n *Superannuation guarantee - how to meet your super*

*obligations* (NAT 1987), and

n *Paying super - your handy reference* (NAT 72035). For more information:

n visit our website at [www.ato.gov.au](http://www.fido.gov.au/)

n visit ASIC’s FIDO website at [www.fido.gov.au](http://www.ato.gov.au/) for financial
 tips and safety checks

n subscribe to ‘What’s New’ at [www.ato.gov.au](http://www.relayservice.com.au/) to receive
 regular updates

n phone us on 13 10 20 between 8.00am and 6.00pm,
 Monday to Friday, to speak to a tax officer

n phone our publications ordering service on 1300 720 092
 for copies of our publications, or

n 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:

n TTY users, phone 13 36 77 and ask for the ATO number
 you need

n Speak and Listen (speech-to-speech relay) users, phone
 1300 555 727 and ask for the ATO number you need

n internet relay users, connect to the NRS on

[www.relayservice.com.au](http://www.ato.gov.au/) and ask for the ATO number you need.

3

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](http://www.ato.gov.au/) or contact us.

This publication was current at June 2010.

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PUBLISHED BY

Australian Taxation Office Canberra

August 2011
JS 21610



Standard choice form

Section A: Employee to complete

1 Choice of superannuation fund

I request that all my future superannuation contributions be paid to: (place an X 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)

3 Details of my chosen superannuation fund:

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.

Fund name

Fund address

Suburb/town State/territory Postcode

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 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 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 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 ATO or your superannuation fund.

NAT 13080-08.2011 IN-CONFIDENCE - when completed Page 1



Section B: Employer to complete

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

5

Your details

ONLINE EDUCATION SERVICES PTY/LTD

Business name
ABN

959

177

148

75 148

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

MLC BUSINESS SUPERANNUATION

Superannuation product identification number (if applicable)

For the product disclosure statement for this fund (if applicable) Phone Fund’s website

www.mlc.com.au

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

Day Month Year

Date you act on your
employee’s valid choice

Do not send a copy of this form to us at the ATO 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.

Page 2 IN-CONFIDENCE - when completed