

FirstChoice Employer Super Super Fund Nomination Form

SAVE FORM

PRINT FORM

Complete this form and hand to your employer to ensure your super contributions are made into your Colonial First State account.

USE BLACK OR BLUE PEN AND CAPITAL LETTERS.

1 YOUR PERSONAL DETAILS

Name

Employee number (if applicable)

Tax File Number (TFN)

2 YOUR SUPER ACCOUNT DETAILS

Super fund name

Product name

Account name

Account number

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

Signature

Date signed

 (dd/mm/yyyy)

Information for employers

Payment information: Under the government's SuperStream reforms, employers are required to make contributions in accordance with the payment and data standards. The information provided in sections 1 and 2 of this form can be used to make contributions via a SuperStream compliant payment method. If you or your employer have any questions you can contact Colonial First State on 1300 654 666.

Complying fund statement: FirstChoice Employer Super is part of the Colonial First State FirstChoice Superannuation Trust ('the Fund'). The Fund is a complying, resident, regulated superannuation fund and is constituted under a trust deed dated 29 April 1998. The trustee of the Fund is Colonial First State Investments Limited ('the trustee'). In the event that the Fund's complying status was revoked the trustee would receive notice to that effect under section 63 of the Superannuation Industry (Supervision) Act. The trustee confirms that it has not received nor does it expect to receive any such notice. The trustee accepts all mandated categories of employer contributions including Super Guarantee and those specified under awards or employment contracts, and voluntary employer contributions including additional employer or salary sacrifice contributions.

Information for employees

Information presented is for general knowledge purposes only and does not constitute an offer, invitation, request or recommendation to apply for the product.