

Super Choice – Fund nomination form

Complete this form and provide it to your employer to instruct them to pay all future super contributions to your CFS Edge Super account.

This form can be used instead of the 'ATO – Standard choice form' which you may have received from your employer. Some employees may not be able to choose their own super fund. For more information, speak to your employer or visit moneysmart.gov.au.

Please provide the payment details outlined below to your employer to ensure contributions are accurately reported and applied to your CFS Edge Super account.

Chosen fund details

Fund name: **CFS Edge Super and Pension**
 Address: **Locked Bag 20130, Melbourne VIC 3001**
 Fund Australian Business Number (ABN): **38 876 896 681**
 Fund Unique Superannuation Identifier (USI): **38876896681012**
 Fund contact: **1300 769 619**

Account name:

Account number:

I request that all future employer contributions are to be made to my specified fund.

Employer name:

Employee name:

Employee no. (if applicable):

Signature:

Date:

Please provide this form to your employer and keep a copy for your own records. Do not send this form to CFS Edge. If you or your employer have any questions, you can contact CFS Edge Service and Support on 1300 769 619.

Employer use only

Date accepted:

Date processed:

Complying superannuation fund notice

Avanteos Investments Limited (ABN 20 096 259 979) is the trustee of the Avanteos Superannuation Trust (ABN 38 876 896 681) (Fund). The Fund incorporates CFS Edge Super and Pension (USI 38876896681012).

This complying superannuation fund notice confirms that the Fund:

- is a resident regulated superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (SIS Act) and
- is not subject to a direction not to accept any employer contributions under section 63 of the SIS Act.