

Complete this form and provide it to your employer to instruct them to pay all future super contributions to your CFS Edge SMSF 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 www.moneysmart.gov.au.

1 EMPLOYEE DETAILS

Employee name

Employee identification number:

2 SUPERANNUATION FUND DETAILS

SMSF name:

SMSF address:

SMSF Australian Business Number (ABN):

CFS Edge account number:

3 PAYMENT OPTIONS

Detailed below are payment methods and instructions for your employer to make super contributions to CFS Edge on your behalf. Please provide the payment details outlined below to your employer to ensure payments are accurately reported and applied to your CFS Edge account.

SUPERSTREAM ELECTRONIC MESSAGING

SMSF account BSB:

248-012

SMSF account number
(your Customer Reference Number (CRN¹)):

SMSF account name:

SMSF ABN:

Electronic service address (ESA²):

EFT DIRECT CREDIT DEPOSITS

SMSF account BSB:

248-012

SMSF account number
(your Customer Reference Number (CRN¹)):

SMSF account name:

Please note: We are unable to split contributions sent electronically. If the payment includes two different accounts, please send separate electronic payments for each account.

¹ The CRN is not your CFS Edge account number. Log into the investor portal and navigate to deposit options to locate your CRN.

² An ESA allows the fund to receive electronic messages and payments from your employer via SuperStream. You can get an ESA from your SMSF administrator, tax agent, accountant or some banks.

4 EMPLOYEE ACKNOWLEDGEMENT

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

I have attached:

- a** a copy of documentation from the ATO confirming the fund is a regulated self-managed superannuation fund, and
- b** written evidence from the SMSF stating that they will accept contributions from my employer.

Date Signature

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.

FOR EMPLOYER RECORDS

This section must be completed when your employee returns the completed form to you. Please do not send a copy of this form to the ATO or to CFS Edge. 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.

Date valid choice is accepted: Date you act on your employee's valid choice: