

FirstChoice Employer Super Policy Committee Nomination Form



The purpose of this form is to update the policy committee members.

Complete this form to nominate or change your policy committee members. Any changes will override existing nominations.

Please phone Colonial First State Employer Services on **1300 654 666** with any questions.

Please complete this form using **BLUE OR BLACK PEN** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following ☒. Start at the left of each answer space and leave a gap between words.

Employer super plans with more than 6 but fewer than 50 employees

If your employer super plan has more than 6 but fewer than 50 employees, you are not required to form a policy committee. However, if a written request is received by Colonial First State from at least 5 employees, an employer has an obligation to establish a policy committee.

Employer super plans with more than 49 employees

If your employer super plan has more than 49 employees you must establish a policy committee. Please complete all the details below.

1 EMPLOYER SUPER PLAN DETAILS

Plan number

Employer name

2 POLICY COMMITTEE MEMBERS

Please indicate each member or any new members of the policy committee. **Please be aware that there must be an equal representation from employees and employers. Please note: These members will override any existing nominations.**

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative: Employer ☐ Employee ☐

Email address

Job title

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative: Employer ☐ Employee ☐

Email address

Job title

2 POLICY COMMITTEE MEMBERS (CONTINUED)

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative:

Employer ☐ Employee ☐

Email address

Job title

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative:

Employer ☐ Employee ☐

Email address

Job title

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative:

Employer ☐ Employee ☐

Email address

Job title

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative:

Employer ☐ Employee ☐

Email address

Job title

2 POLICY COMMITTEE MEMBERS (CONTINUED)

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative:

Employer ☐ Employee ☐

Email address

Job title

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative:

Employer ☐ Employee ☐

Email address

Job title

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative:

Employer ☐ Employee ☐

Email address

Job title

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name

Representative:

Employer ☐ Employee ☐

Email address

Job title

3 DECLARATION AND SIGNATURE

I/we declare that all details in this form are true and correct.

Investments in Colonial First State FirstChoice Employer Super USI FSF0361AU (referred to as 'FirstChoice Employer Super', 'FirstChoice' or 'the fund') are offered from Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 Avanteos Investments Limited ABN 20 096 259 979 AFSL 245531 (AIL).

Please note: only existing authorised signatories¹ can sign this form. To amend authorised signatories, please contact Employer Services on 1300 654 666 for further requirements.

Authorised signatory

Print name

Date signed

Authorised signatory

Print name

Date signed

Please send the completed form to:

Colonial First State

Reply Paid 27, Sydney NSW 2001

or via employer@cfs.com.au from Plan Contact's registered email

¹ An authorised signatory is a person authorised to operate the superannuation account and appointed by a senior representative of the company, eg Chief Executive Officer, General Manager, Director, and may be the person/s who initially signed the application form.