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 X. 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

I		 	
I	 	 	
L			

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: Employee Employee
Email address
Job title

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the issuer of FirstChoice Employer Super offered from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557. This document may include general advice but does not consider your individual objectives, financial situation, needs or tax circumstances. You can find the Target Market Determinations (TMD) for our financial products at cfs.com.au/tmd, which include a description of who a financial product might suit. You should read the relevant Product Disclosure Statement (PDS) and Financial Services Guide (FSG) carefully, assess whether the information is appropriate for you, and consider talking to a financial adviser before making an investment decision. You can get the PDS and FSG at cfs.com.au or by calling us on 1300 654 666.



2 POLICY COMMITTEE MEMBERS (CONTINUED)
Title
Mr . Mrs . Miss . Ms . Other .
Name
Representative: Employer Employee
Email address
Job title
Mr Mrs Miss Ms Other
Name
Representative: Employer Employee
Email address
Job title
Title
Mr Mrs Ms Other
Name
Representative: Employer Employee
Email address
Job title
Title
Mr . Mrs . Miss . Ms . Other .
Name
Representative: Employee Email address
Job title

2 POLICY COMMITTEE MEMBERS (CONTINUED)
Title
Mr . Mrs . Miss . Ms . Other .
Name
Representative: Employer Employee
Email address
Job title
Mr Mrs Miss Ms Other
Name
Representative: Employer Employee
Email address
Job title
Title
Mr Mrs Ms Other
Name
Representative: Employer Employee
Email address
Job title
Title
Mr . Mrs . Miss . Ms . Other .
Name
Representative: 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	Authorised signatory
Print name	Print name
Date signed	Date signed
	Please send the completed form to:
	Colonial First State Reply Paid 27, Sydney NSW 2001
or via employe	r@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.