

documents.

SUPERANNUATION FORM

1. Choice of superannuation fund

I request that all my future superannuation below)	contributions b	be paid to: <i>(tick <u>one</u> of the bo</i>	xes
my employer's nominated superannua with this form	ation fund (Sur	nSuper) – you do not need to co	ntinu
$\ \square$ my own choice of superannuation fund	d – <i>Please ans</i> w	ver questions 2 - 4	
2. Your details			
Name: (please print)			
Employee Identification Number: (if application)	ble)		
Tax File Number (TFN):			
3. Details of my chosen superannuatio	n fund		
Fund Name:			
Fund Address:			
Suburb:	_ State:	Postcode:	
Member Number: (if applicable)			
Account Name:			
Superannuation fund's Australian business number (ABN): (if applicable)			
Superannuation product identification number: (if applicable)			
Fund Phone Number:			
4. Appropriate documentation			
I have provided:			
 A letter from the trustee stating that this (RSA) or, for a self-managed superannua confirming the fund is regulated <u>and</u> 			
Written evidence from the fund stating th <u>and</u>	at they will acce	ept contributions from my employ	/er,
\square Details about how my employer can make	e contributions t	to this fund.	
Your employer is not required to accept your cho	ice of fund if vo	ou have not provided the appropr	iate

MAKSDF: Superannuation Details Form Version: 1.2 Modified: 20/03/2019 Page 1 of 1