

Choosing a super fund

How to complete your *Standard choice form* (NAT 13080).

DO YOU NEED TO COMPLETE THIS FORM?

Employers

You must complete this form if you are an employer and:

- you hire a new employee who is eligible to choose a super fund
- an existing eligible employee asks you for a form
- you cannot contribute to an employee's chosen super fund or it is no longer a complying fund, or
- you change your employer nominated super fund (for the employees affected by this change of fund).

Employees

You may complete this form if you are an employee who is eligible to choose a super fund and you choose a fund that is different to your employer's nominated fund.

⚠ The terms '**super fund**', '**superannuation fund**' and '**fund**' also refer to a retirement savings account. A retirement savings account can be chosen as a super fund by an employer or employee.

BEFORE YOU COMPLETE THIS FORM

Before you complete your *Standard choice form*, you should read *Super Decisions*. This document has been prepared by the Australian Securities and Investments Commission (ASIC) to help you understand more about super and make better super decisions. To obtain a copy:

- visit www.fido.gov.au or
- phone **1300 300 630**.

For more information about choosing a super fund:

- visit our website at www.ato.gov.au or
- phone us on **13 28 64** between 8am and 6pm Monday to Friday, to speak to a tax officer.



HOW TO COMPLETE THIS FORM

SECTION A: EMPLOYEES

If you are an employee and you are eligible to choose a super fund, your employer must give you this form after they have completed 'Section B'.

Question 1

Choice of superannuation fund

Complete this question by placing an 'X' in one of the boxes.

OPTION 1: You can stay with your employer's super fund

If you don't make a choice, your employer's super contributions will be paid into a fund chosen by your employer. You do not need to complete 'Section A' for this option.

Your employer is not liable for the performance of the super fund you choose or the employer fund they choose on your behalf.

⚠ Do not seek financial advice from your employer unless they are licensed to provide it. You can choose a different fund later if you like.

⚠ You only need to complete 'Section A' if you are choosing a fund that is different to your employer's nominated fund (also known as their default fund). You do not need to return this form to your employer if you want to continue to stay with their default fund.

OPTION 2: Choose your own super fund

You can choose the super fund you want your employer super contributions paid to. You need to complete 'Section A' for this option.

⚠ Any money you have in existing funds will remain there unless you arrange to transfer it (or roll it over) to another fund. Check the impact of any exit fees, or benefits you may lose, before leaving the fund. Your employer cannot do this for you.

⚠ Your employer is only required to accept one *Standard choice form* from you every 12 months.

➔ If you chose this option, go to 'Question 2'.

Question 2

Your details

Provide your personal details.

If you quote your tax file number (TFN) to your employer for super purposes, they must provide it to the super fund they pay your super to.

Providing your TFN means:

- your super fund will, subject to its rules, be able to accept all contributions for you
- the tax on contributions your fund receives for you will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your super benefits, and
- it is easier to keep track of different super accounts in your name so you receive all your super when you retire.

➔ You are not legally required to quote your TFN but if you do not quote it your contributions may be taxed at a higher rate.

Question 3

Details of my chosen superannuation fund

Provide the details of your chosen super fund.

Question 4

Appropriate documentation

Complete by placing an 'X' in the box and including a copy of the appropriate documentation listed in the *Standard choice form*.

⚠ Your employer does not have to accept your choice of fund if you have not provided the appropriate documents.

➔ If you have completed 'Section A', return this form to your employer and keep a copy for your own records. Do not send a copy of this form to us at the Tax Office or your super fund.

SECTION B: EMPLOYERS

You must complete 'Section B' of the form before you give the form to your eligible employee.

Question 5


Your details


Provide your details.


Question 6

Your employer nominated superannuation fund

Provide details of your employer nominated super fund.

 If your employer nominated fund has not changed, write 'NOT APPLICABLE' in the 'Fund's name' field.

 Give this form to your employee after you have completed 'Section B'. When your employee returns the completed form to you, do not send it to us at the Tax Office or your super fund. You must keep a copy for your own records for five years.

 Make sure that you pay super contributions for your employees by the super guarantee cut-offs:

- 28 October
- 28 January
- 28 April
- 28 July.

This applies whether an employee completes this form or not.

Where an employee chooses a fund, any contributions you make in the two months after receiving the form can be made to either your employer nominated super 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 super fund.

MORE INFORMATION

For individuals

- *Super – what you need to know* (NAT 71039), and
- *Super and your retirement* (NAT 71040).

For employers

- *Super – what employers need to know* (NAT 71038)
- *Superannuation guarantee – how to meet your super obligations* (NAT 1987), and
- *Paying super – your handy reference* (NAT 72035).

For more information:

- visit our website at www.ato.gov.au
- visit ASIC's FIDO website at www.fido.gov.au for financial tips and safety checks
- subscribe to 'What's New' at www.ato.gov.au to receive regular updates
- phone us on **13 28 64** to ask about choosing a super fund
- phone us on **13 10 20** between 8am and 6pm, Monday to Friday, to speak to a tax officer
- phone our publications ordering service on **1300 720 092** for copies of our publications, or
- write to us at
Australian Tax Office
PO Box 3578
ALBURY NSW 2640

If you do not speak English well and want to talk to a tax officer, phone the Translating and Interpreting Service on **13 14 50** for help with your call.

If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone **13 36 77**. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on **1300 555 727**.

OUR COMMITMENT TO YOU

We are committed to providing you with guidance you can rely on, so we make every effort to ensure that our publications are correct.

If you follow our guidance in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our advice and guidance in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest.

If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for a more recent version on our website at www.ato.gov.au or contact us.

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Section A: Employee to complete

1 Choice of superannuation fund

I request that all my future superannuation contributions be paid to: (place an in one of the boxes below)

my employer's superannuation fund named in 'Section B – Question 6'

my own choice of superannuation fund

! You only need to complete 'Section A' if you want to choose the superannuation fund that your employer's superannuation contributions are paid to.

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

▶ Make sure your superannuation fund knows your TFN. You can check just by looking at your latest statement from them. It helps you keep track of your money, allows you to pay extra contributions, and makes sure the money gets taxed at the special low rate.

3 Details of my chosen superannuation fund:

Fund name

Fund address

Suburb/town	State/territory	Postcode
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Member No. (if applicable)

Account name

Superannuation fund's Australian business number (ABN) (if applicable)

Superannuation product identification number (if applicable)

Daytime phone number

4 Appropriate documentation (Place an in the box if you have attached the required information.)

I have attached:

- a. a letter from the trustee stating that this is a complying fund or retirement savings account (RSA) or, for a self-managed superannuation fund, a copy of documentation from the Tax Office confirming the fund is regulated
- b. written evidence from the fund stating that they will accept contributions from my employer, and
- c. details about how my employer can make contributions to this fund.

Your employer is not required to accept your choice of fund if you have not provided the appropriate documents.

Signature

Date

Day Month Year
 / /

! If you have completed 'Section A', return this form to your employer and keep a copy for your own records. **Do not send this form to us at the Tax Office or your superannuation fund.**

Section B: Employer to complete

 Give this form to your employee after you have completed 'Section B'.

5 Your details

Business name

ABN

Signature

Date

Day / Month / Year

6 Your employer nominated superannuation fund

If the employee does not choose a different superannuation fund, superannuation contributions will be paid to the following superannuation fund on behalf of this employee (unless the employee has previously chosen a different fund):

Fund's name

Superannuation product identification number (if applicable)

For the product disclosure statement for this fund (if applicable) Phone


Fund's website

For your records:

This section must be completed when the employee returns the form to you with a completed 'Section A'.

Date valid choice is accepted Day / Month / Year Date you act on your employee's valid choice Day / Month / Year

 **Do not send a copy of this form to us at the Tax Office or your superannuation fund.** 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.

PRIVACY STATEMENT

We do not collect this information. We provide a format for you as an employee to provide that information to your employer.