

THIS FORM IS FOR:

- **Employees (Part A)** to advise your employer of your choice of super fund, and
- **Employers (Part B)** to provide to new employees who are eligible to choose a super fund.

PART A: EMPLOYEE TO COMPLETE

1. Your details

Name

Tax file number (TFN)

You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate.

2. Choice of super fund

I request that my future super contributions be paid to (tick one box):

- My Employer's default fund, ANZ Smart Choice Super **Continue to Step 5.**
You'll receive your new account information following your first employer super contribution.
- An existing super account (not a self-managed super fund) **Continue to Step 3a.**
- A self-managed super fund **Continue to Step 4a.**

3a. Nominating an existing super account (if required)

Member number

Account name (generally your name)

Fund name

Fund ABN USI

Fund address

Suburb/Town State Postcode

Fund phone

3b. Existing super fund

- I have attached a letter from my super fund stating that they are a complying fund and that they will accept contributions from my employer.
Correct information about your super fund is needed for your employer to pay super contributions.
You can generally obtain this letter from your other super fund's website.

Continue to Step 5.

4a. Self-managed super fund details

Include the details of the self-managed super fund.

Fund name

Fund ABN USI

Fund address

Suburb/Town State Postcode

Fund phone

Fund electronic service address (ESA)

BSB Account number

ANZ SMART CHOICE SUPER SUPERANNUATION STANDARD CHOICE FORM

4b. Self-managed super fund additional required information

Please tick both boxes below and attach documentation as required.

I have attached a document confirming the SMSF is an ATO regulated super fund.

(You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>)

And

I am the trustee or a director of the corporate trustee and I declare that my SMSF will accept contributions from the employer by making the following declaration .

Continue to Step 5.

5. Signature and date

I choose to have my employer contributions paid to the fund nominated above.

Signature of member

Date

D D M M 2 0 Y Y

Important information: Before requesting your employer to make future Superannuation Guarantee contributions to your ANZ Smart Choice Super account, you should consider if this will affect any insurance cover or other benefits you have in your other fund.

ANZ Smart Choice Super is part of Retirement Portfolio Service (the Fund) (ABN 61 808 189 263) and is issued by OnePath Custodians Pty Limited (ABN 12 008 508 496, AFSL 238346, RSE L0000673) (OPC), the trustee of the Fund. OPC is a member of the IOOF Group of companies, comprising IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate. The Australia and New Zealand Banking Group Limited (ANZ) (ABN 11 005 357 522) brand is a trademark of ANZ and is used by OPC under licence from ANZ. ANZ and the IOOF Group of companies (including OPC) are not related bodies corporate. A copy of the Product Disclosure Statement (PDS) is available by visiting anz.com/smartchoicesuper or by calling Customer Services. This information is of a general nature and has been prepared without taking account of your objectives, financial situation or needs. You should consider whether the information is appropriate for you. You should read the PDS before deciding to acquire or hold ANZ Smart Choice Super.

PART B: EMPLOYER TO COMPLETE

Complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

Sign and date the form when you provide it to your employee.

1. Your business details

Business name

ABN

Signature

Date

D D M M 2 0 Y Y

2. Your nominated super fund

If the employee does not choose their own super fund and the ATO advises the member doesn't have a 'stapled' super fund, you are required to pay super contributions on their behalf to:

Super fund name: Retirement Portfolio Service (ANZ Smart Choice)

USI: MMF2076AU

Phone: 13 12 87

Website: www.anz.com/smartchoicesuper

3. Record of choice acceptance

Date form received

D D M M 2 0 Y Y

Date processed (date acted on your employee's choice)

D D M M 2 0 Y Y

In the two months after you receive the form from your employee, you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

For all enquiries please contact:

Email: anzsmartchoice@anz.com **Phone:** 13 12 87