

February 2025

Superannuation standard choice form

This form is for:

- **Employees (Part A)** to provide to your employer to advise 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

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

- ☐ My Employer's default fund, IOOF Employer 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)

Include the details of your existing super account (not a self-managed super fund) below. You can fund your other fund's details on their website.

Member number

Account name
(generally your name)

Fund name

Fund ABN

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USI

Fund address

Suburb

State

Postcode

Fund phone

3b. Existing super fund

- ☐ I have attached a letter from my fund stating they are a complying fund and 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	<input type="text"/>																															
Fund ABN	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	USI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Fund address	<input type="text"/>																															
Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>																		
Fund phone	<input type="text"/>																															
Fund electronic service address (ESA)	<input type="text"/>																															
BSB	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>															Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Step 5. Signature and date

- ☐ I request to have my employer contribute to the fund nominated above.

Signature

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Provide to your employer.

End of member section.

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

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Signature

Date

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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: IOOF Employer Super

USI: SMF0126AU

Phone: 1800 913 118

Website: www.ioof.com.au

3. Record of choice acceptance

Date form received

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

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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 ClientFirst at:

Email: clientfirst@ioof.com.au

Phone: 1800 913 118