Superannuation (super) standard choice form

This form may be completed electronically. Click on the required field and type the information. You can TAB to the next field or click on the next field. The form must be completed, printed and signed with the relevant documents attached and returned to your HR Services team. The form and documents may forwarded using ONE of the following options:

* Scanned and emailed to: releveant payroll department outlined in your letter of offer

Do not send this form to the Australian Taxation Office or your Super fund.

**WHEN TO USE THE FORM**

**Employers**

Use this form to offer eligible employees their choice of super fund. You must fill in the details of your nominated super fund, also known as your default fund, before giving the form to employees.

Give this form to an employee when:

* you hire a new employee who is eligible to choose a super fund
* an existing eligible employee asks you for it
* you can no longer contribute to an employee’s nominated super fund or it is no longer a complying fund
* you change your employer‑nominated super fund and need to advise employees affected by this change.

**Employees**

Use this form to advise an employer of your choice of super fund.

You must provide the required information so your employer can make contributions to your nominated super fund.

**ABOUT THE FORM**

The Standard choice form has two sections:

* Section A, which the employee completes by providing details of their choice of super fund, together with supporting documents.
* Section B, has been completed providing details of the Department’s nominated super fund.

Fields marked \* are mandatory and required to process your choice of superannuation form.

Employers must retain the returned form as their record of the choice process. Completed forms must be retained for five years.

Superannuation reform changes – SuperStream

SuperStream is a new standard for the way employers pay contributions and send information to super funds. This form collects information that employers will need when using SuperStream.

**SECTION A: EMPLOYEE TO COMPLETE**

**Item 1**

Select the type of fund being chosen

**Item 2**

Enter your personal details

If you choose your own super fund you will need to obtain current information from your fund to complete items 3 or 4.

**Item 3**

**Nominating your APRA fund or RSA**

Complete this item if you are nominating your own APRA fund (fund regulated by the Australian prudential regulation Authority) or a retirement savings account (RSA).

You must include the unique superannuation identifier (USI) provided by your fund.

You must attach a letter from the fund trustee or RSA provider confirming that the fund or RSA:

* is a complying fund or RSA, and
* will accept payments from your employer.

This letter may contain other information to help your employer make super contributions using the SuperStream standard.

**Item 4**

**Nominating your self-managed super fund (SMSF)**

Complete this item if you are nominating a self‑managed super fund (SMSF).

You must include your SMSF’s ABN, bank account details and electronic service address (ESA) (so the fund can receive electronic messages and payments from your employer using SuperStream).

**FIND OUT MORE**

[www.ato.gov.au/SMSFSuperStream](http://www.ato.gov.au/SMSFSuperStream) – for information about how SuperStream applies to SMSFs

If you are using an SMSF message service provider they will provide you with an electronic service address alias to include as the ESA on the form.

You must attach copies of the following documents to support your SMSF choice:

* A document confirmation that the fund is regulated –this can be printed from [www.superfundlookup.gov.au](http://www.superfundlookup.gov.au) AND
* A letter from the trustee of the SMSF confirming that the fund will accept payments from your employer – if you are the trustee, or a director of the corporate trustee, you can confirm acceptance by placing an X in the relevant box on the form.

**Item 5**

**Signature and Date**

Sign, date and attach relevant documentation for your chosen fund.

**Things you should know**

* Your employer is not liable for the performance of the super fund you or they nominate.
* You should not seek financial advice from your employer unless they are licensed to provide it.
* Your employer is only required to accept one choice of fund from you in a 12 month period, however they may accept more.
* Your employer has two months after you return this form to them to action your request.
* Any money you have in existing funds will remain there unless you arrange to transfer it (roll it over) to another fund – check the impact of any exit fees you will incur or benefits you may lose before leaving the fund (your employer cannot do this for you).
* If you quote your TFN to your employer for super purposes, they must provide it to the super fund.

**You may have lost super**

* It is important to keep track of your super – if you’ve ever changed your name, address or job, you may have lost track of some of your super.
* Having several super accounts could mean that fees and charges are reducing your overall super investment.
* You can register for the ATO online services and user SuperSeeker to check all your super accounts, find any lost or ATO held super and transfer your super into one account using a simple online form.

**FIND OUT MORE**

* [www.ato.gov.au/superseeker](http://www.ato.gov.au/superseeker)
* [www.ato.gov.au/super](http://www.ato.gov.au/super) – for information about super or choosing a super fund
* [www.moneysmart.gov.au](http://www.moneysmart.gov.au) (on the Australian Securities & investment Commission [ASIC] website) – search for ‘choose super fund’ for tips on how to choose a fund

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| **PRIVACY STATEMENT**  The information collected on this form is for the purpose as set out and is required to process your superannuation choice. Your information will not be disclosed without your consent or unless authorised or required by law. You are able to request access to the personal information that the Department holds about you and request that it be corrected by contacting your Principal/Manager. Information about contacting Human Resources is available at: <http://www.education.vic.gov.au/hrweb/Pages/contactus.aspx>. Information about the Department’s privacy policy is available at <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.  The Department is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However by quoting your TFN the risk of administrative errors is reduced. If you do not quote your TFN, superannuation contributions may be taxed at a higher rate by your fund. An employee can obtain more details regarding their privacy rights by contacting their superannuation fund. |
| Section A: **Employee to complete\***  ***Note****: Fields marked \* are mandatory in each relevant section to your choice and are required to process your choice of superannuation form.* |
| 1. **Choice of superannuation (super) fund** |
| I request that all my future super contributions be paid to (place  in one of the boxes below)\*. I nominate: |
| An APRA fund or retirement savings account (RSA) – Complete items 2, 3 and 5 |
| A self-managed super fund (SMSF) – Complete items 2, 4 and 5 |
| The Department fund identified in **Section B –** Aware Super  Complete your membership number below if known then items 2 and 5  Aware Super Membership Number (if applicable) |
| 1. **Your details** |
| Name\* |
| Employee identification number |
| Tax file number (TFN) \* |
| C:\Users\06281315\AppData\Local\Temp\SNAGHTMLaacee5.PNGYou do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps to keep track of your super and allows you to make personal contributions to your fund. |
| 1. **Nominating your APRA fund or RSA** |
| You will need current details from your APRA regulated fund or RSA to complete this item. |
| Fund ABN\*                11 digits |
| Fund name (product name)\* |
| Fund Address\* |
| Suburb/Town\*       State     Postcode |
| Fund Phone\* |
| Unique superannuation identifier (USI)\* |
| Your account name\* |
| Your membership number\* |
| Required documentation\*  You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. This information is generally available from the fund’s website. Correct information about your superfund is needed for the Department to pay super contributions. |
| 1. **Nominating your self-managed super fund (SMSF)** |
| You will need current details from your SMSF trustee to complete this item |
| Fund ABN\*                11 digits |
| Fund name\* |
| Fund Address\* |
| Suburb/Town\*       State     Postcode |
| Fund Phone\* |
| Fund electronic service address (ESA)\* |
| Fund bank account  BSB code (include all six numbers)\*     -     Account Number\* |
| Email address^ to send remittance advice to  ^ Your eduMail email address will be used as the default unless another private or business email address is provided |
| Required documentation\*  You need to attach 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>  If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place  in the box below if applicable):  I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.  If you are NOT the trustree, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer. |
| 1. **Signature and date\*** |
| If you have nominated your own fund in Item 3 or 4, check that you have completed all required fields and attached the required documentation and then place  in the box below.  I have attached the required documentation |
| Signature Date  Day Month Year     /    /  Return the completed form to HR Shared Services for processing. Do not send this form to the Australian Taxation Office or your Super fund. |
| Section B: **Department default super fund details** |
| 1. **Department Details and nominated fund** |
| Sign and date the form when you give it to your employee. |
| Business Name: **Department of Government Services** |
| ABN: **43-381-068-109** |
| Where an employee does not choose their own super fund, the Department is required to pay super contributions on an employee’s behalf to the fund indicated below: |
| Super Fund Name: Aware Super  Product Name: Aware Super - Future Saver |
| Unique superannuation identifier (USI) 53226460365001 |
| Phone Number: 1300 650 873 Website: <https://aware.com.au> |
| Employer’s Signature Date form provided  Day Month Year  hr  /    / |
| **Office Use Only**: Valid Choice Received    /    /      Date Choice processed on eduPay    /    / |