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## Choice of fund and contribution form

Please complete this form in CAPITAL letters.

## Use this form to:

- notify your employer to pay all future employer superannuation contributions to your chosen fund, or
- notify your employer that your superannuation fund details have changed, and to pay all future employer superannuation contributions to your chosen fund, and
- confirm to your employer that the fund is a complying superannuation fund

| 1. Your personal details               |                                  |                       |                            |                   |  |
|--|----------------------------------|-----------------------|----------------------------|-------------------|--|
| Title                                  | Given name(s)                    |                       |                            | Surname           |  |
|  |                                  |                       |                            |                   |  |
| Employee/Payroll ID                    |                                  |                       |                            |                   |  |
|  |                                  |                       |                            |                   |  |
| 2. Chosen fund details                 |                                  |                       |                            |                   |  |
| Fund name                              |                                  |                       |                            |                   |  |
|  |                                  |                       |                            |                   |  |
| Fund Prefix & Member number (if known) |                                  | Australian            | Australian Business Number |                   |  |
|  |                                  |                       |                            |                   |  |
| Unique Superannuation Identifier (USI) |                                  | Phone nu              | Phone number               |                   |  |
| 43 905 581 638 013                     |                                  |                       |                            |                   |  |
|  |                                  |                       |                            |                   |  |
| 3. Declaration and signature           | e                                |                       |                            |                   |  |
| I request that all future employ       | ver contributions are to be made | e to the fund as deta | iled ab                    | pove.             |  |
| Signature                              |                                  |                       |                            | Date (DD/MM/YYYY) |  |
|  |                                  |                       |                            |                   |  |
|  |                                  |                       |                            |                   |  |
|  |                                  |                       |                            |                   |  |

**Note:** From 1 November 2021, to comply with choice of fund rules, if a Choice of Fund form is not provided, your employer may need to request 'stapled super fund' details from the ATO. A stapled fund is an existing super account which is linked, or 'stapled' to an individual employee so it follows you as you change jobs. In certain circumstances your employer may not be required to accept your Choice of Fund form. The ATO will notify you if your employer makes a stapled fund request. For further details, refer to <a href="mailto:ato.gov.au/individuals/super/getting-your-super-started/">ato.gov.au/individuals/super/getting-your-super-started/</a>.

## **Complying Fund Status**

The Fund is a resident, regulated superannuation fund complying with the Superannuation Industry (Supervision) Act 1993 (SIS) and Regulations, and other APRA guidelines and is able to accept contributions, transfers and rollovers in from other superannuation funds, employers and members (including Superannuation Guarantee contributions).