

## standard choice form - employers

As an employer with AvSuper as your default fund, you can use this form to give your employees a choice of fund. Simply complete the employer section of this form and then hand it to your employees.

Once your employee returns the form, keep it on file - **Do not return this form to AvSuper or the ATO.**

### Employer default fund

Give this form to your employees once you have completed this section.

#### Employer details

Business name		ABN	
Telephone		Email	
Signature		Date	

Unless your employee chooses (or has previously chosen) a different super fund, employer contributions you make on their behalf will go to their stapled fund (if they have one) or the following nominated fund.

Fund name **AvSuper fund**  
Fund ABN **84 421 446 069**  
Unique Superannuation Identifier (USI) **84421446069001**  
For a copy of the fund product disclosure statement (PDS) phone **1300 128 751**  
Fund website **www.avsuper.com.au**

### Notes

You must give this form to an employee if:

1. they are a new employee (within 28 days of starting)
2. they request it
3. you cannot contribute to their chosen fund
4. they belong to your previous default fund when you change employer nominated (default) super fund

You are not liable for the performance of superannuation funds that you make employer contributions to. Do not provide financial advice to your employees unless you are licensed to do so.

For more information, please contact the Australian Tax Office (ATO) at [www.ato.gov.au](http://www.ato.gov.au) or on 132864, or visit ASIC's website at [www.moneysmart.gov.au](http://www.moneysmart.gov.au)

#### Making contributions

Contributions made within two months of receiving this form may be made to the employee's chosen fund, the employee's stapled fund or your nominated (default) super fund. You must pay employee contributions by 28 October, 28 January, 28 April and 28 July.

Payment may be made by BPAY or a direct deposit into our bank account:

Account name **AvSuper Fund**  
BSB **062-000**  
Account **19974688**  
Bank **CBA**

Information identifying the member and the type of contributions (e.g. employer contribution, personal contribution) is required for all contributions and can be provided via our website.

### Employer records

Date accepted	Date processed

**You must keep this form for five years. Do not send the form to the ATO or AvSuper.**

## Employee details

Give this completed form to your employer if you wish to choose a different super fund for employer contributions. If you do not make a choice, your employer will make super contributions into AvSuper, their default fund, for you. Do not return this form to AvSuper or the ATO.

Name

Employee number (if applicable)

AvSuper member number (if applicable)

## Fund choice

I request that all my future super contributions be paid to  my employer's superannuation fund, AvSuper or  the following fund

Fund name

Fund address

Member number

Account name

Super fund's ABN

Unique Superannuation Identifier (USI)

Super fund's phone number

## Employee Declaration

If I am not choosing AvSuper, I have attached written evidence from the Trustee of my chosen fund that states it is a complying super fund, it will accept contributions from my employer and how my employer can make contributions on my behalf.

Signature

Date