Instructions and form for WA State Government employers and employees

Choosing a super fund

How to complete your Standard choice form

DO YOU NEED TO COMPLETE THIS FORM?

Employers
You must complete this form if you are an employer and:

- You hire a new employee who is eligible to choose a super fund
- An existing eligible employee asks you for a form
- You cannot contribute to an employee's chosen super fund or it is no longer a complying fund, or
- You change your employer nominated super fund (for the employees affected by this change of fund).

Employees
You may complete this form if you are an employee who is eligible to choose a super fund and you choose a fund that is different to your employer's nominated fund.

BEFORE YOU COMPLETE THIS FORM

Before you complete your *Standard choice form*, you should read:

- Choice of Super – A guide for WA State Government employees or
- Choice of Super – A guide for WA State Government employers.

These documents have been prepared by the State Government's Choice of Super Education Team to help you understand more about choice of super and your options under choice. To obtain a copy:

- Email superchoice@docep.wa.gov.au or
- Phone 1300 131 204.

For more information about choosing a super fund, you should:

- Visit www.superchoice.wa.gov.au, www.ato.gov.au or www.fido.gov.au; or
- Phone the Choice of Super Education Team on 1300 131 204.

GOVERNMENT OF WESTERN AUSTRALIA

Department of **Consumer and Employment Protection**

Department of **Treasury and Finance**

HOW TO COMPLETE THIS FORM

SECTION A: EMPLOYEES

If you are an employee and you are eligible to choose a super fund, your employer must give you this form after they have completed 'Section B'.

Question 1
Choice of superannuation fund

Complete this question by placing an 'X' in one of the boxes.

OPTION 1: You can stay with your employer's super fund
If you don't make a choice, your employer's super contributions will be paid into a fund chosen by your employer, as detailed in Section B. You do not need to complete 'Section A' for this option.

Your employer is not liable for the performance of the super fund you choose or the employer fund they choose on your behalf.

! You only need to complete 'Section A' if you are choosing a fund that is different to your employer's nominated fund. You do not need to return this form to your employer if you want to continue to stay with their default fund.

! Do not seek financial advice from your employer unless they are licensed to provide it. You may choose another superannuation fund later if you wish.

OPTION 2: Choose your own super fund
You can choose the super fund you want your employer super contributions paid to. You need to complete 'Section A' for this option.

! Any money you have in existing funds will remain there unless you arrange to transfer it (or roll it over) to another fund. Check the impact of any exit fees, or benefits you may lose, before leaving the fund. Your employer cannot do this for you.

! There is no restriction to the number of times State Government employees can change funds through their employer.

> If you chose this option, go to Question 2.

Question 2
Your details
Provide your personal details.

If you quote your tax file number (TFN) to your employer for super purposes, they must provide it to the super fund they pay your super to.

Providing your TFN means:

- Your super fund will, subject to its rules, be able to accept all contributions for you
- The tax on contributions your fund receives for you will not increase
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your super benefits, and
- It is easier to keep track of different super accounts in your name so you receive all your super when you retire.

> You are not legally required to quote your TFN but if you do not quote it your contributions may be taxed at a higher rate.

Question 3
Details of your chosen superannuation fund
Provide the details of your chosen super fund.

Question 4
Appropriate documentation
Complete by placing an 'X' in the box and including a copy of the appropriate documentation listed in the *Standard choice form*.

! Your employer does not have to accept your choice of fund if you have not provided the appropriate documents.

> If you have completed 'Section A', return this form to your employer and keep a copy for your own records. Do not send a copy of this form to us or your super fund.

SECTION B: EMPLOYERS

You must complete 'Section B' of the form before you give the form to your eligible employees.

Question 5

Your details

Provide your details.

Question 6

Your employer nominated superannuation fund

An employer (or default) fund is the fund to which you pay an employee's Superannuation Guarantee (SG) contributions if they do not choose a fund.

Superannuation contributions will be paid into the appropriate default scheme if the employee doesn't make a choice.

> Give a copy of this form to your employee after you have completed 'Section B'. When your employee returns the completed form to you, do not send it to us or your super fund. You must keep a copy for your own records for at least five years.

> MORE INFORMATION

For individuals

- Choice of Super – A guide for WA State Government employees

For employers

- Choice of Super – A guide for WA State Government employers

For more information contact the Choice of Super Education team on:

- Phone: 1300 131 204
- Email: superchoice@docep.wa.gov.au
- Website: www.superchoice.wa.gov.au

Alternatively check out these free sources of information:

- The Australian Securities and Investments Commission's free booklet Super Decisions available from www.asic.gov.au
- The Australian Securities and Investments Commission consumer website, FIDO, which has lots of general information about superannuation at www.fido.gov.au or call 1300 300 630
- The ATO's website at www.ato.gov.au/super, or call 13 10 20
- The National Information Centre on Retirement Investments website for free, independent information about superannuation and tax at www.nicri.org.au

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GOVERNMENT OF WESTERN AUSTRALIA

Standard choice form

Section A: Employee to complete

1. Choice of superannuation fund

I request that all my future superannuation contributions be paid to: (place an 'X' in one of the boxes below)

My employer's superannuation fund named in 'Section B – Question 6' ☐

My own choice of superannuation fund ☐

! You only need to complete 'Section A' if you want to choose the superannuation fund that your employer's superannuation contributions are paid to.

2. Your details

Name

Employee identification number *(if applicable)*

Tax file number (TFN)

! Make sure your super fund knows your TFN. You can check just by looking at your latest statement from them. It helps you keep track of your money, allows you to pay extra contributions, and makes sure the money gets taxed at the special low rate.

3. Details of your chosen superannuation fund:

Fund name

Fund address

Suburb/town State/territory Postcode

Member No. *(if applicable)*

(You will need to open a membership or account with your chosen fund before completing this form)

Account name

Superannuation fund's Australian business number (ABN) *(if applicable)*

Superannuation product identification number *(if applicable)*

! The Superannuation Product Identification Numbers (SPIN) are the standard method of identification for superannuation funds and products within the financial services industry. When completing this form, please ensure you include the *product* SPIN not the *fund* SPIN. Contact your chosen fund for the *product* SPIN.

Daytime phone number

4. Appropriate documentation (place an 'X' in the box if you have attached the required information)

☐ I have attached:

- A letter from the trustee stating that this is a complying fund or retirement savings account (RSA), or for a self-managed superannuation fund, a copy of documentation from the Tax Office confirming the fund is regulated
- Written evidence from the fund stating that they will accept contributions from my employer, and
- Details about how my employer can make contributions to this fund.

Your employer is not required to accept your choice of fund if you have not provided the appropriate documentation.

Signature

X

Date

Day Month Year

FOR OFFICE USE ONLY

Payroll Number

! If you have completed 'Section A', return this form to your employer and keep a copy for your own records. Do not send this form to us, or your superannuation fund.

(IN-CONFIDENCE - WHEN COMPLETED)

Section B: Employer to complete

> **Give this form to your employee after you have completed 'Section B'.**

5. Employer details

Business name

Australian Business Number (ABN)

6. The employer nominated superannuation fund

If the employee does not choose a different superannuation fund, superannuation contributions will be paid to the following superannuation fund on behalf of this employee (unless the employee has previously chosen a different fund):

Fund name

Superannuation product identification number (if applicable)

For the product disclosure statement for this fund (if applicable) phone

Fund's website

For the employer's records:

This section must be completed when the employee returns the form to you with a completed 'Section A'.

Date valid choice is accepted Day Month Year

Date you act on your employee's valid choice Day Month Year

! Do not send a copy of this form to us, or the superannuation fund. You must keep a copy for your own records for a period of at least five years.

! When you receive this form and all of the required information from your employee, and where an employee has chosen a fund, any contributions you make in the two months after receiving the form can be made to either your employer nominated superannuation fund (your default fund) or the employee's new chosen fund. Contributions after the two-month period must be made to the employee's new chosen superannuation fund.

PRIVACY STATEMENT

We do not collect this information. We provide a format for you as an employee to provide that information to your employer.

(IN-CONFIDENCE - WHEN COMPLETED)