

Choose Your Super Fund

QSuper is your employer's default super fund. If you would like to join QSuper and you're a new employee, you do not need to complete this form. A QSuper Accumulation account will be automatically opened for you when your employer pays your super.

With QSuper, you can feel confident in your financial future

Choosing the right super fund is a big decision, and fees and performance are two important factors to consider. As a profit-for-members super fund, our members benefit from one of the lowest administration fees in the country,¹ so more of your money can go towards your retirement. QSuper has also been ranked number one for 10-year performance.² To see how we compare with other funds on fees, performance and more, try the independent SuperRatings comparison tool at qsuper.qld.gov.au/compare

When to use this form

Use this form if you want your super contributions to go to a different super fund. Once complete, please return it to your employer.

Part A (employee to complete)

Please complete in block letters, in blue or black ink.

1 Choice of super fund

I want all my future super contributions to be paid to either:

- Another super fund (complete sections 2, 3 and 5)
- My self-managed super fund (SMSF) (complete sections 2, 4 and 5).

2 Personal details

Name

Employee identification number (if applicable)

Tax file number (TFN)³

You don't have to provide your TFN but if you don't your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

3 I want my super paid into another super fund (other than a SMSF)

Fund ABN

Fund name

Fund address

State

Postcode

Fund phone number

Unique superannuation identifier (USI)

Your account name

Your member number (if applicable)

Statement of compliance

You will need to attach a letter from your fund confirming that they're a complying fund and they'll accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

¹ Chant West Super Fund Fee Survey March 2018. Chant West does not issue, sell, guarantee or underwrite this product. Go to chantwest.com.au for further information about the methodology used. For the QSuper Lifetime option only. ² QSuper Balanced Option only. SuperRatings SR50 Balanced Index (60-76) median based on cumulative returns compounded annually after fees and for initial \$50,000 invested over the period to 28 February 2019. Based on funds open to the public. Past performance may not be a reliable indicator future performance. ³ The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.



4 I want my super paid into my self-managed super fund (SMSF)

Fund ABN

Fund name

Fund address

State

Postcode

Fund phone number

Fund electronic service address (ESA)

Fund bank account

BSB code (mandatory six numbers to be provided)

Fund bank account number

- I am the trustee, or a director of the corporate trustee of the SMSF and I declare the SMSF will accept contributions from my employer.

Required documentation

If you are nominating a SMSF you need to attach a document confirming the SMSF is an ATO regulated super fund. If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming the fund will accept contributions from your employer.

5 Signature and date

If you have nominated another fund in sections 3 or 4, check that you have attached the required documentation and tick the box below.

- I have attached the relevant documentation.

Signature

Date signed (dd/mm/yyyy)

 / /

When you have completed this Part A of the form, please return it to your employer and they will complete Part C. Do not send this form to the ATO or your super fund. You might like to keep a copy for your own records.

Choose Your Super Fund

Note to employer

You will need to complete, sign and date Part B of this form before giving it to your employee to complete.

Part B

(employer to complete before giving to employee)

6 Your details

Business name

ABN

Name

Signature

Date signed (dd/mm/yyyy)

 / /

7 Your default super fund

If your employee doesn't choose their own super fund, you are required to pay their super contributions to QSuper using these details:

Super fund name: QSuper

Unique superannuation identifier: 60905115063002

Telephone: 1300 360 750

Website: qsuper.qld.gov.au

Part C

(employer to complete after employee has completed part A)

8 What to do when your employee returns this form

Complete this section when your employee returns Part A of this form to you.

Once you receive this form you have **two months** to start making contributions into your employee's nominated super fund. Before that time, you can either pay your employee's super contributions into QSuper (as your default super fund) or start contributing to your employee's nominated super fund. After the two-month period you must make payments to the fund chosen by your employee.

You must keep the completed form for your records for five years. Do not send it to the ATO, or your employee's nominated fund or QSuper.

If you do not meet your obligations, including paying your employee's super contributions to the correct fund, you may face penalties.

Date you received your employee's super fund choice (dd/mm/yyyy)

 / /

Date you acted on your employee's super fund choice (dd/mm/yyyy)

 / /

QSuper Contact Details



Member Centres

70 Eagle Street, Brisbane
63 George Street, Brisbane
Sunshine Coast University Hospital,
Ground Floor, Main Hospital Building,
6 Doherty Street, Birtinya

Telephone 1300 360 750 (+61 7 3239 1004 if overseas)

Monday to Thursday 8.30am – 5.00pm (AEST)

Friday 9.00am – 5.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001

Fax 1300 242 070

qsuper.qld.gov.au

ABN: 60 905 115 063

SFN: 2610 419 41

CNC-2186. EF11. 03/19