

Super Choice – Fund Nomination Form Guidelines for creation and customisation



To ensure consistent use of the ‘Super Choice – Fund Nomination Form’ across the industry some aspects of the form have been designated as mandatory. The following shows what is mandatory, discretionary or optional.

Mandatory (M): Items or text that cannot be omitted or changed.
Discretionary (D): Items or text that can be omitted or changed.
Optional (O): Items or text that can be omitted.

M1. Form name is Mandatory.

D1. Fonts used on the form and spacing are discretionary.

M2. There must be 3 numbered sections and the labelling of these sections is mandatory.

M3. Details of at least one payment method is mandatory.

O1. The payment methods included are optional.

M4. The order that payment methods appear is mandatory.

O2. Alternative payment methods can be added as applicable beneath the three shown here.

Super Choice - Fund Nomination Form

This form can be used instead of completing Part B of the ‘Choice of superannation fund - Standard choice form’ which you may have received from your employer.

Some employees may not be able to close their own superannation fund. Please speak to your employer or visit www.superchoice.gov.au for more information.

1 Chosen fund details

Fund Name <XYZ Fund>
 Membership Number <0100 1122 3344>
 Account Name <John Smith>
 Fund Australian Business Number (ABN) <00 000 000 000>
 Super Product Identification Number (SPIN) <XXXXXXXXXX>
 Fund Contact <address@XYZFund.com.au>

2 Chosen fund payment methods

Your employer can choose one of the following payment methods to pay super contributions to <XYZ Company> on your behalf.

EFT Individual Direct Credit

B2B Bank Account <000-000> <011223344> This box can be used by the fund to convey information relevant to the SwimEC EFT convention being used.
 Account Name <John Smith>
 EFT Description (Reference) Enter a contribution code (eg. SG, SS, MV etc) followed by the Member code for EFT (see below)
 Example <SG011223344> for Super Guarantee contributions
 <SS011223344> for Salary sacrifice contributions
 <MV011223344> for Member voluntary contributions
 Member code for EFT <011223344>

OR

Super Guarantee	Salary Sacrifice	Member Voluntary
Billers code: <+14326> Ref: <1010011223344>	Billers code: <+143084> Ref: <1010011223344>	Billers code: <+14334> Ref: <1010011223344>

OR

Cheque Please state the type of contribution for each payment and provide information that identifies the recipient account including fund name, membership number and name (as shown in section 1).

Payable to <XYZ Fund>
 <John Smith 0100 1122 3344>
 Send cheques to <XYZ Fund>
 <Street Address, Suburb State Postcode>

3 I request that all future employer contributions are to be made to the fund specified above in section 1:

Employer name
 Employee name
 Employee No. (if applicable)
 Date / / Signature

Give this form to your employer. Do not send this form to <XYZ Company/Fund>.

EMPLOYER USE ONLY: Date accepted: / / Date processed: / /

D2. Introductory text is discretionary.

D3. Explanatory text for section 2 is discretionary.

M5. Details of at least one contribution type is mandatory (eg SG / SS / MV), although the number of contribution types offered is optional.

M6. The text and layout of section 3 is mandatory (this is consistent with the Standard Choice form issued by the ATO).

D4. Text directing further enquiries is discretionary.

If you or your employer have any questions please contact <XYZ Company/Fund> on <phone>.

Mandatory (M): Items or text that cannot be omitted or changed.
Discretionary (D): Items or text that can be omitted or changed.
Optional (O): Items or text that can be omitted.

The following shows more specific information for relevant sections of the form.

Section 1 - Chosen fund details

Fund Name <XYZ Fund>
Membership Number <0100 1122 3344>
Account Name <John Smith>
Fund Australian Business Number (ABN) <00 000 000 000>
Super Product Identification Number (SPIN) <XXXXXXXXXX>
Fund Contact <address@XYZFund.com.au>

M7. All items shown in section 1 are mandatory.
M8. Items must be ordered as shown
D5. 'Fund contact' – may be a phone number, email address etc.
D6. 'Not applicable' can be shown beside items as required.

Section 2 – EFT Payment method details



BSB <000-000>
Bank Account <011223344>
Account Name <John Smith>
EFT Description (Reference) Enter a **contribution code** (eg. SG, SS, MV etc) followed by the **Member code for EFT** (see below)
 Example <SG011223344> for Super Guarantee contributions
 <SS011223344> for Salary sacrifice contributions
 <MV011223344> for Member voluntary contributions
Member code for EFT <011223344>

This box can be used by the fund to convey information relevant to the SWIMEC EFT convention being used.

M9. All items shown in this section including the EFT logo are mandatory.
M10. Items must be ordered as shown.
D7. The boxed text is discretionary based on the SWIMEC convention being used.

For example: for Convention I.1 –

Only contributions for this employee can be made to this account.

Refer <http://www.swimec.com.au/>.

O3. Elements of the EFT Reference text may be omitted as appropriate, down to showing just a single contribution code eg. 'SG'.
D8. 'Not applicable' can be shown beside items as required.

Section 2 – BPAY Payment method details



Super Guarantee	Salary Sacrifice	Member Voluntary
Billers code: <414326> Ref: <1010011223344>	Billers code: <434084> Ref: <1010011223344>	Billers code: <414334> Ref: <1010011223344>

M11. BPAY information should be shown according to the BPAY Identity standards.

Refer http://www.bpay.com.au/pdfs/BPAY_Identity%20Standards.pdf.

Section 2 – Cheque Payment method details

Cheque Please state the type of contribution for each payment and provide information that identifies the recipient account including fund name, membership number and name (as shown in section 1).
Payable to <XYZ Fund>
 <John Smith 0100 1122 3344>
Send cheques to <XYZ Fund>
 <Street Address, Suburb State Postcode>

D9. Text for cheque payments is discretionary.

Super Choice – Fund Nomination Form (Guidelines)

Document Purpose:

The *Fund Nomination Form and Letter from Trustee* are an alternative to the employee completing Part B of the ATO Standard Choice Form and attaching a complying fund statement and letter of acceptance of contributions.

Use of the Fund Nomination Form and Trustee Letter throughout the superannuation industry should prove beneficial to funds and their members and provide significant processing benefits to employers and payroll companies.

The Fund Nomination Form and Letter from Trustee, when used together, form the notice that an employee must give their employer when choosing a fund under the 'choice of funds' rules.

The Form and Letter are both designed to be pre-populated by funds with the relevant member and fund specific information. On receipt from the fund, the member may then nominate a chosen fund by completing the employer name, signing the form and giving the Form and the Letter to their employer.

Document Contents:

To be a valid chosen fund nomination under the Choice of Superannuation legislation, there are two documents that need to be provided by the employee to their employer:

1. A Letter from the Trustee stating that the fund is compliant and that it can accept contributions from the member's employer, or in the case of a Self-Managed Super Fund a copy of documentation from the Tax Office confirming the fund is regulated
2. A completed Fund Nomination Form that includes the details of the Chosen Fund and the member together with the contribution methods available to the employer

Document Preparation:

The Letter from the Trustee to the member should be specific to the fund, and contain the required information as outlined above together with information about how to use the letter in exercising Super Choice. It is acceptable for the letter to be printed on the reverse of the Fund Nomination Form, so that the information can be contained to one double-sided page.

Where the member is a 'public-offer' member of the fund, the Letter should be addressed to the member and include a statement that the fund will accept contributions from any employer of the member.

Some components of the Fund Nomination Form are mandatory and must not be changed. These are highlighted on the template. The order in which the information is provided in the form must not be changed, as the primary purpose of the form is to ensure consistency across the industry.

Some components of the form are optional or discretionary. If the component is noted as optional a Super Fund Administrator (SFA) can choose to omit the item, whilst the items noted as discretionary can be omitted or changed. Each SFA has discretion as to the font to be used, and the language used in general customer information. Also discretionary to the SFA are the payment options offered (for example not all funds have BPay available) and the contribution types (for example a SFA may choose not to use this form to accept member voluntary contributions).

Document Distribution:

The Fund Nomination Form will be pre-populated by Super Fund Administrators (SFA's).

To meet legislative requirements it is recommended that a 'blank' version of the form **should not** be made available to members.

It is anticipated that the document will be direct mailed to public offer members of public offer funds and also be available to superannuation fund members on request, by download from a secure SFA website, or provided by a Financial Planner.

Complying Fund Statement Letter – Wording Approval

After discussions with the ATO the swimEC has been advised that the following words are appropriate for the required statement by a fund if they are to be a chosen fund:

Complying Fund Statement

[XYZ Fund] is a complying superannuation fund and a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and the trustee of the fund has not received a written notice directing the trustee not to accept any contributions made to the fund by an employer-sponsor.

Relevant Legislation

The statement is made on the basis of the following legislative references. This does not need to be included in the complying fund statement letter:

Superannuation Guarantee Regulation 9C requirement:

The requirement in Regulation 9C is that the employee must provide certain information including, (sub regulation 9C(e)) "a written statement that complies with subsection 25(1) of the act from the trustee of the fund"

Subsection 25(1) of SG(A)A

SECTION 25 CERTAIN CONTRIBUTIONS PRESUMED TO BE CONTRIBUTIONS TO COMPLYING SUPERANNUATION FUND

25(1) [Where conclusive presumption applies]

Subject to subsection (2), a contribution by an employer for the benefit of an employee to a superannuation fund is conclusively presumed to be a contribution to a complying superannuation fund for the purposes of section 23 if, at or before the time the contribution is made, the employer has obtained a written statement, provided by or on behalf of the trustee of the fund, that the fund:

- (a) is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993; and
- (b) is not subject to a direction under section 63 of that Act.

Section 63 of SI(S)A

SECTION 63 CERTAIN REGULATED SUPERANNUATION FUNDS NOT TO ACCEPT EMPLOYER CONTRIBUTIONS IN CERTAIN CIRCUMSTANCES

63(1) Directions.

The Regulator may give a trustee of a regulated superannuation fund a written notice directing the trustee, or the trustees, not to accept any contributions made to the fund by an employer-sponsor