

# SUPERANNUATION – CHOICE OF FUND FORM

## PART A: EMPLOYEE TO COMPLETE

<b>1</b>	<b>YOUR NAME</b> _____ <b>Date of Birth</b> ____ / ____ / ____
<b>2</b>	<b>CHOICE OF SUPERANNUATION FUND</b>  <b>I request that all my future superannuation contributions be paid to:</b> (place an <input checked="" type="checkbox"/> in one of the boxes)  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <b>Option 1</b>- my employer's superannuation fund named in Part B <input type="checkbox"/> Go to section 6         </div> <div style="text-align: center;"> <b>Option 2</b> - my own choice of superannuation fund <input type="checkbox"/> Complete sections 3, 4, 5 and 6 below         </div> </div> <p><b>!</b> You only need to fully complete 'Part A' if you want to choose the superannuation fund that your employer's superannuation contributions are paid to.</p>
<b>3</b>	<b>YOUR DETAILS</b>  Employee identification number (if applicable) _____ Tax file number (TFN) <input type="text"/> <input type="text"/> <input type="text"/> <p><b>➤</b> Make sure your superannuation 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</p>
<b>4</b>	<b>DETAILS OF CHOSEN SUPERANNUATION FUND</b>  Fund name _____ Fund address _____ _____ Member No. (if applicable) _____ Account name _____ Superannuation fund's Australian Business Number (ABN) (if applicable) _____ Superannuation product identification number (if applicable) _____ Daytime phone number _____
<b>5</b>	<b>APPROPRIATE DOCUMENTATION</b> (Place an <input checked="" type="checkbox"/> in the box if you have attached the required information)  <input type="checkbox"/> I have attached: a. 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. b. written evidence from the fund stating they will accept contributions from my employer, and c. details about how my employer can make contributions to this fund.  <p><b>!</b> Your employer is not required to accept your choice of fund if you have not provided the appropriate documents.</p>
<b>6</b>	<b>SIGNATURE</b> _____ <b>DATE</b> ____ / ____ / 20____

**!** Return this form to your employer. If you have completed 'Part A', keep a copy for your own records. **Do not send this form to the Tax Office or your superannuation fund.**

**PART B: EMPLOYER TO COMPLETE****7 EMPLOYER NAME** Northern Territory Government**8 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's name **Australian Government Employees Superannuation Trust (AGEST)**Superannuation product identification number (if applicable) **AGE101AU**For the Product Disclosure Statement for this fund (if applicable) phone **1300 724 378**Fund's website **www.agest.com.au****PART C: EMPLOYER ONLY**

This part must be completed when the employee returns the form with a completed 'Part A'.

Date valid choice is accepted \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Date processed \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Employee's AGS Number \_\_\_\_\_

Actioned by \_\_\_\_\_



Do not send a copy of this form to the Tax office or your superannuation fund. Keep a copy for a period of 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) of the employee's new chosen fund. Contributions after the two month period must be made to the employee's new chosen superannuation fund.

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**PRIVACY**

The Department of Business and Employment (DBE) requires the information on this form to manage your superannuation contributions. DBE may disclose the information contained on this form to other Northern Territory Government or Federal agencies in the course of managing your superannuation contributions or as required by law.