

**NORTHERN TERRITORY PUBLIC SECTOR  
SUPERANNUATION FUND CHOICE FORM  
FOR EMPLOYEES WHO COMMENCE FROM 10 AUGUST 1999**

**Important :**

- Read the brochure "Superannuation Arrangements For Employees Who Commence From 10 August 1999" before you complete this Form.
- This Form is not for use by members of the NTGPASS or CSS.

You must complete all sections of this form to advise details of your chosen fund to which your superannuation contributions will be paid and whether you wish to make any voluntary employee contributions to your chosen fund.

New employees who fail to return the correctly completed form within 28 days, will have their superannuation guarantee contributions paid to the default superannuation fund, AGEST.

**Section 1 – Your personal details**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Sex: M  F

AGS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 2 – Your chosen fund details**

Tick one box and provide details where requested

I wish to have my superannuation guarantee contributions paid to:

A complying superannuation fund

Name of fund: \_\_\_\_\_

Address: \_\_\_\_\_

Superannuation Fund Number: \_\_\_\_\_

Member Account Number: \_\_\_\_\_

**OR**

The default superannuation fund, the Australian Government Employees Superannuation Trust (AGEST)

**OR**

I am an existing employee and do not wish to change my chosen fund

**Section 3 – Making your own contributions**

Complete this section even if you do not wish to make your own contributions

Tick one box and provide details if necessary.

I wish to make employee contributions to my chosen fund

I would like to pay a regular fortnightly amount of \$\_\_\_\_\_ from my after-tax fortnightly salary

**OR**

I would like to pay a one-off amount of \$\_\_\_\_\_ from my after-tax fortnightly salary

I do not wish to make any employee contributions to my chosen fund

**Section 4 – Making your declaration**

I acknowledge that I have read the brochure Superannuation Arrangements For Employees Who Commence From 10 August 1999. I approve my superannuation guarantee contributions being paid to my chosen fund as shown in Section 2, including my own contributions as shown in Section 3, from the next available payday. I take responsibility for confirming with my chosen fund the satisfactory receipt and administration of contributions.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Salaries/Personnel Use Only:*

Actioned by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return your completed form to your salaries/personnel officer**