**Instructions and form for** **employers and employees**

|  |
| --- |
| Choosing a super fundHow to complete your Standard choice form (NAT13080). |

**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.

|  |
| --- |
|  The terms **‘super fund’**, **‘superannuation fund’** and **‘fund’** also refer to a retirement savings account. A retirement savings account can be chosen as a super fund by an employer or employee. |

Facsimile of Australian Taxation Office form NAT13080*-10.2008*

**BEFORE YOU COMPLETE T**H**IS FORM**

Before you complete your Standard choice form, you should read *Super Decisions*. This document has been prepared by the Australian Securities and Investments Commission (ASIC) to help you understand more about super and make better super decisions. To obtain a copy:

* visit **www.fido.gov.au** or
* phone **1300 300 630**.

For more information about choosing a super fund:

* visit our website at **www.ato.gov.au** or
* phone us on **13 28 64** between 8am and 6pm Monday to Friday, to speak to a tax officer.

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. 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.

|  |
| --- |
|  Do not seek financial advice from your employer unless they are licensed to provide it. You can choose a different fund later if you like.  |

|  |
| --- |
|  You only need to complete ‘Section A’ if you are choosing a fund that is different to your employer’s nominated fund (also known as their default fund).You do not need to return this form to your employer if you want to continue to stay with their default fund. |

**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. |

|  |
| --- |
|  Your employer is only required to accept one Standard choice form from you every 12 months. |

|  |
| --- |
|  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 my 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. |

|  |
| --- |
|  I f 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 at the Tax Office or your super fund. |

**SECTION B: EMPLOYERS**

You must complete ‘Section B’ of the form before you give the form to your eligible employee.

**Question 5**

**Your details**

Provide your details.

**Question 6**

**Your employer nominated superannuation fund**

Provide details of your employer nominated super fund.

|  |
| --- |
|  If your employer nominated fund has not changed, write ‘NOT APPLICABLE ’ in the ‘Fund’s name’ field. |

|  |
| --- |
|  Give 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 at the Tax Office or your super fund. You must keep a copy for your own records for five years.  |

|  |
| --- |
|  Make sure that you pay super contributions for your employees by the super guarantee cut-offs:* 28 October
* 28 January
* 28 April
* 28 July.

This applies whether an employee completes this form or not.Where an employee chooses a fund, any contributions you make in the two months after receiving the form can be made to either your employer nominated super 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 super fund. |

|  |
| --- |
|  MORE INFORMATION**For individuals*** *Super – what you need to know (NAT 71039), and*
* *Super and your retirement (NAT 71040).*

**For employers*** *Super – what employers need to know (NAT 71038)*
* *Superannuation guarantee – how to meet your super obligations (NAT 1987), and*
* *Paying super – your handy reference (NAT 72035).*

**For more information:*** visit our website at **www.ato.gov.au**
* visit ASIC ’s FI DO website at **www.fido.gov.au** for financial tips and safety checks
* subscribe to ‘What’s New’ at **www.ato.gov.au** to receive regular updates
* phone us on **13 28 64** to ask about choosing a super fund
* phone us on **13 10 20** between 8am and 6pm, Monday to Friday, to speak to a tax officer
* phone our publications ordering service on

**1300 720 092** for copies of our publications, or* write to us at

**Australian Tax Office****PO Box 3578****ALBURY NSW 2640**If you do not speak English well and want to talk to a tax officer, phone the Translating and Interpreting Service on **13 14 50** for help with your call.If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone **13 36 77**. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on **1300 555 727**.  |

**OUR COMMITMENT TO YOU**

We are committed to providing you with guidance you can rely on, so we make every effort to ensure that our publications are correct.

If you follow our guidance in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our advice and guidance in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest.

If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for a more recent version on our website at **www.ato.gov.au** or contact us.

This publication was current at **October 2008**.

**© Commonwealth ofAustralia 2008**

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney‑General’s Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at http://www.ag.gov.au/cca

**Published by**

Australian Taxation Office

Canberra

October 2008

JS12648

**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 🗵 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 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. |
|  |  |  |

**3 Details of my chosen superannuation fund:**

|  |  |
| --- | --- |
| Fund name |  |
|  |  |
| Fund address |  |
|  | Suburb/Town |  | State/Territory |  | Postcode |
|  |  |  |  |  |  |
|  |  |
| Member No. (if applicable) |  |
|  |  |  |
| Account name |  |
|  |  |
| Superannuation fund’s Australian business number (ABN) (if applicable) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Superannuation product identification number (if applicable) |  |
|  |  |
| Daytime phone number |  |

**4 Appropriate documentation (Place an 🗵 in the box if you have attached the required information.)**

🗌 I have attached:

1. 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
2. written evidence from the fund stating that they will accept contributions from my employer, and
3. 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 documents.

**Signature**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Date |  |  |
|  | Day | Month | Year |
|  | 🗌🗌/🗌🗌/🗌🗌🗌🗌 |

|  |
| --- |
|  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 at the Tax Office or your superannuation fund.** |

Section B: Employer to complete

|  |
| --- |
|  Give this form to your employee after you have completed ‘Section B’.  |

**5 Your details**

|  |  |
| --- | --- |
| Business name |  |
|  |  |
| ABN |  |

**Signature**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Date |  |  |
|  | Day | Month | Year |
|  | 🗌🗌/🗌🗌/🗌🗌🗌🗌 |

**6 Your 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 |  |
|  |  |
| Superannuation product identification number (if applicable) |  |
|  |  |
| For the product disclosure statement for this fund (if applicable) Phone |  |
|  |  |
| Fund’s website |  |

**For your records:**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Day | Month | Year |  |  | Day | Month | Year |
| Date valid choice is accepted | 🗌🗌/🗌🗌/🗌🗌🗌🗌 |  | Date you act on your employee’s valid choice | 🗌🗌/🗌🗌/🗌🗌🗌🗌 |

|  |
| --- |
|  **Do not send a copy of this form to us at the Tax Office or your superannuation fund.** You must keep a copy for your own records 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) or the employee’s new chosen fund. Contributions after the two month period must be made to the employee’s new chosen superannuation fund.If you have completed ‘Section A’, return this form to your employer and keep a copy for your own records. |

**PRIVACY STATEMENT**

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