

ESSSuper Forms

Proudly serving our members



We've put together a selection of forms you might need when opening an ESSSuper Accumulation Plan account.

For more information, or to download copies of any of our forms, please visit www.esssuper.com.au/forms

Accumulation Plan application form

Transfer your super

Regular contributions

Choice of superannuation fund
Information sheet

Choice of fund
Employer registration form

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Section 2

Add money to your account

Please indicate whether you want to

- contribute regularly from your pay – complete the enclosed *Regular contributions* form and forward it to your employer, or if you are employed by the DE&T as a school-based staff member or principal, complete the *SmartSalary Additional Superannuation* form instead, available at www.esssuper.com.au/forms
- make a personal contribution of \$ to your account*
- have your spouse make a spouse contribution of \$ to your account*
- transfer money from another fund – complete and attach the enclosed *Transfer your super* form
- arrange for your employer to make superannuation guarantee (SG) contributions to your account. Please read the enclosed *Choice of superannuation fund information sheet* and complete and forward all relevant forms to your employer.
- arrange for ESSSuper to use your TFN to conduct regular searches of the ATO facility to locate any super you have elsewhere and help you consolidate your funds.

* Please attach a cheque for this amount. Once your account has been established you will receive your Biller Code and Customer Reference Number so you can make contributions by BPAY.

Section 3

Insurance cover

If you're under age 65 and your employer makes SG contributions to your account, you may be eligible to receive **default cover** (equal to 3 units of Death and TPD cover) without the need to apply*. Read the Insurance Guide (AP.2) available on our website www.esssuper.com.au to determine if you are eligible for default cover. If you're satisfied with this default cover, go to SECTION 4. Otherwise, if you want to change or cancel your cover, or if you're not eligible for default cover and you want to apply for cover, mark the box below with an **[X]** and complete the relevant form.

Do you want to apply for, change or cancel your insurance cover?

- Yes – complete and attach the *Vary your insurance cover* form available at www.esssuper.com.au/forms

* Cover is subject to conditions and exclusions.

Section 4

Investment choice

Please specify your investment choice for your Accumulation Plan account

	Future contributions (including rollovers)	Initial lump contribution (if applicable)
Shares Only	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
High Growth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Growth (default)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Balanced	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Conservative	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Defensive	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Cash	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Total (must equal 100%)	1 0 0 %	1 0 0 %

Complete this section if you would like to invest part of your initial contribution into a term deposit.

Term Deposit	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank	<input type="text"/>	Term	<input type="text"/>
Term Deposit	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank	<input type="text"/>	Term	<input type="text"/>

Note: Term deposits must be at least \$5,000 in value per term deposit and to a maximum of 80% of your total account balance. Term deposits must be fully invested until maturity. For details of the term deposits on offer (including banks, rates and terms) go to www.esssuper.com.au/termdeposits

Note: If you do not make an investment choice for future contributions, all future contributions and investment earnings on those contributions will be deposited into the default option, Growth. If you make an initial lump sum contribution, or rollover a benefit from another superannuation fund or from an ESSSuper product and you do not make an investment choice for these contributions, they will be invested in the same way as your future contributions.



IMPORTANT: IF YOU ARE A NEW NON-OPERATIONAL EMERGENCY SERVICES EMPLOYEE PLEASE FORWARD YOUR COMPLETED FORM TO YOUR EMPLOYER. ALL OTHER MEMBERS SHOULD FORWARD THEIR COMPLETED FORM TO ESSUPER.

EMPLOYER USE ONLY

To be completed for all new non-operational emergency services employees.

Employer name

Employee/Payroll no.

Date commenced employment / /

Occupation

If the employee has not provided their Tax File Number, please provide below:

Employee's Tax File No. - -

Name of authorised officer

Signature of authorised officer Date / /

Have you provided this employee with the *Accumulation Plan Product Disclosure Statement*?

Yes No

ESSUPER OFFICE USE ONLY

MEC name

Appt date / /

For DB Members only This is a Top-up account Personal member account

Please forward this completed form to

ESSuper GPO Box 1974, Melbourne Vic 3001
 T 1300 650 161 | F 1300 766 757 | www.esssuper.com.au

At ESSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSuper's privacy policy go to our website at www.esssuper.com.au

Section 2

How many super funds are you transferring over money from?

How many super funds are you transferring money from?

Note: If you are transferring over money from more than one fund, you will need to complete a separate form for each fund and provide a certified copy of identification for each transfer you have requested.

Section 3

Supporting documents – certified identification

Key persons who can certify documents include an Accountant, Bank Officer, Justice of the Peace, Police Officer, fulltime Teacher and Medical Practitioner.

You must provide certified identification proving you are the person to whom the superannuation entitlements belong to for each fund you are transferring or rolling over from.

Option 1: Current Driver's Licence or Passport

OR

Option 2: Either a birth certificate or extract, Australian citizenship certificate **OR** Centrelink pension card.

AND

A letter addressed to you from Centrelink regarding a benefit payment, a letter from a Federal, State or local government body showing your name and residential address, e.g. rates notice **OR** a Tax Office Notice of Assessment.

For the full list go to www.esssuper.com.au/certify

Section 4

Details of fund you are transferring money from

Please provide the details of the super fund that you are transferring over from:

Member number

Name of fund

Postal address of fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

My whole benefit

Only part of my benefit. Please provide the amount. \$

Section 5

Details of ESSSuper product you are transferring to

Name of fund

ABN

Product you are rolling over to:

Accumulation Plan (SPIN: ESS0003AU)

Income Stream (SPIN: ESS0002AU)

Beneficiary Account (SPIN: ESS0001AU)

Please make cheques payable to ESSSuper and forward all documentation to:

ESSSuper
GPO Box 1974
Melbourne Vic 3001

Section 6

Declaration and signature

I authorise the rollover of the superannuation benefit I have listed on this form to ESSSuper, and in doing so:

- I acknowledge that I have read the relevant Product Disclosure Statement available from ESSSuper.
- I acknowledge and accept that the benefits in the Accumulation Plan, Income Streams and Beneficiary Account (including Spouse Accounts) are not guaranteed or underwritten by the Victorian Government or the Emergency Services Superannuation Board and that ESSSuper does not come under the jurisdiction of the Superannuation Complaints Tribunal.
- I understand and acknowledge the implications and effects of transferring my benefits from my superannuation fund to ESSSuper.
- I discharge the superannuation provider of my transferring fund of all further liability in respect of my superannuation benefit paid and transferred to ESSSuper.
- I understand that ESSSuper is required to deduct tax from any untaxed portion of my transfer.
- I understand that the transferring fund may deduct an exit fee.
- I authorise ESSSuper to make any necessary enquiries of the transferring fund to give effect to the transfer.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits such as insurance cover, and do not require any further information.
- I have read and accept the statements relating to privacy in the relevant Product Disclosure Statement and I consent to providing ESSSuper with my personal information pursuant to the *Privacy and Data Protection Act 2014* for the purposes described in ESSSuper's Privacy Policy available at www.esssuper.com.au

Signature of
account holder

 PLEASE SIGN HERE

Date

/ /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | F 1300 766 757 | www.esssuper.com.au

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! IMPORTANT — ONCE COMPLETED PLEASE FORWARD THIS FORM TO YOUR PAYROLL OFFICE OR HR SECTION.

Who should use this form?

You should complete this form if you want to commence making personal (after-tax) or salary sacrifice (before-tax) contributions to the ESSSuper Accumulation Plan by regular payroll deduction through your employer.

However, if you want to salary sacrifice and you are employed by the Department of Education and Early Childhood Development as a school-based staff member or principal, you need to complete the *SmartSalary Additional Superannuation form* instead, which is available from the ESSSuper website or by calling the ESSSuper Member Service Centre on 1300 655 476. Please return the SmartSalary form to SmartSalary.

Important information for employers

Employers who are not a Victorian Public Sector participating employer, or who have not at any time made contributions to ESSSuper on behalf of an employee, can register with ESSSuper before remitting contributions by completing the *Choice of fund form (ES144)*.

Before you start

This form acts as an authorisation for your employer to deduct an amount from your pay and to pay this amount as a superannuation contribution to ESSSuper's Accumulation Plan. Your employer may also require you to complete their own form.

If you already have an Accumulation Plan account, your contributions will be invested in accordance with your most recent investment choice for contributions into your Accumulation Plan account. You can change your investment choice for future contributions at any time.

If you do not currently have an account in ESSSuper's Accumulation Plan, you will need to complete the *Accumulation Plan application form* that accompanies the *Accumulation Plan Product Disclosure Statement* and forward your completed form to ESSSuper.

To find out when these deductions will commence and when contributions will be forwarded to ESSSuper, please contact your employer. ESSSuper is not responsible for ensuring deductions are made and forwarded to ESSSuper by your employer.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Your personal details

Employee/Payroll no.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title

<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	Miss	<input type="text"/>	Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Given names

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone (business hours)

(<input type="text"/>	<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone (mobile)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 2

Your contribution instructions

There are Government imposed limits on the amount of contributions that can be made by a person in a financial year. Contributions above these limits will be taxed at the highest marginal rate (including Medicare Levy). For more information, refer to the *How super is taxed guide (AP4)*.

Please deduct

\$,

from my pay each pay period and pay this amount on my behalf as a superannuation contribution to ESSSuper's Accumulation Plan.

Please deduct this amount

 After tax

OR

 Before tax (salary sacrifice)

Section 3

Declaration and signature

- I have read the *Accumulation Plan Product Disclosure Statement* and *Incorporated Guides* available from ESSSuper.
- I understand that if I do not provide my tax file number to ESSSuper, **it cannot accept after-tax contributions made by me and any salary sacrifice contributions I make will be taxed at the top marginal rate of 46.5% (including Medicare Levy)**.
- I understand that the amount I have nominated on this form will be deducted from my pay each pay period by my employer and will be forwarded to ESSSuper as a superannuation contribution to the Accumulation Plan.
- I understand that the amount I have nominated on this form will continue to be deducted by my employer until the earlier of the date I provide my employer with a new instruction or the date I terminate employment.
- I accept ESSSuper is not responsible for ensuring that deductions are made and forwarded to ESSSuper by my employer.
- I understand that contributions must be preserved in the superannuation system until I become eligible to access my superannuation benefit.
- I accept that the benefits in ESSSuper's Accumulation Plan are not guaranteed or underwritten by the Victorian Government and do not come under the jurisdiction of the Superannuation Complaints Tribunal.

Signature of account holder

 PLEASE SIGN HERE

Date

 / /

 **IMPORTANT — ONCE COMPLETED PLEASE FORWARD THIS FORM TO YOUR PAYROLL OFFICE OR HR SECTION.**

ESSSuper GPO Box 1974, Melbourne Vic 3001
T 1300 650 161 | F 1300 766 757 | www.esssuper.com.au

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Choice of superannuation fund

Information sheet

Instructions

ESSSuper can accept superannuation guarantee (SG) and salary sacrifice contributions only if you are eligible to have an Accumulation Plan account established in your name.

ESSSuper's compliance letter and information on how your employer can remit contributions can be found in the Information for Employers section below.

Information for members

This form acts as an authority for your employer to remit SG or salary sacrifice contributions to ESSSuper.

ESSSuper can accept SG and salary sacrifice contributions from your employer only if you have an Accumulation Plan account.

If you do not have an Accumulation Plan account, you should complete the *Accumulation Plan application form* which accompanies the *ESSSuper Accumulation Plan Product Disclosure Statement (PDS)*, which is available at www.esssuper.com.au/pds or by calling our Member Service Centre.

You should complete SECTION A of the ATO *Standard choice form* and forward all forms (including the *Choice of superannuation fund information sheet*, the ATO *Standard choice form* and the *Choice of fund – Employer registration form*) to your employer. Your employer will complete SECTION B of the ATO *Standard choice form* and the *Choice of fund – Employer registration form*. Your employer should provide you with a copy of the completed *Standard choice form* for your records.

Please note: ESSSuper does not keep a copy of the Standard choice form.

Information for employers

STEP 1 – ATO STANDARD CHOICE OF SUPERANNUATION FUND FORM

You should retain copies of both SECTION A and SECTION B of the ATO *Standard choice form* once both sections have been completed. You should also provide a copy of SECTION B to your employee.

Please note: ESSSuper does not keep a copy of the *Standard choice form*.

STEP 2 – EMPLOYER REGISTRATION – NON VICTORIAN GOVERNMENT EMPLOYERS

If you are a Victorian Government or emergency services employer – please go to Step 3.

If you are not a Victorian Government or emergency services employer, you can register with ESSSuper and advise us of the employee who you will be contributing for by completing the *Choice of fund – Employer registration form*.

Once you have completed this form you will be allocated a "Reporting Centre Number", or if you are already contributing, you will have already been allocated a number and do not need to complete the form.

STEP 3 – PAYMENT OF CONTRIBUTIONS

ESSSuper has a number of ways that employers can send us payments for contributions. If you have any queries regarding payments please contact the Employer Assistance Line on 1300 768 776.

Payment type	Non Victorian Government or emergency services employers	Victorian Government or emergency services employers
BPAY	Once you have registered you will be advised of how BPAY contributions can be made. Each employee's reference numbers are different.	Not applicable.
EFT (Direct Credit)	Once you have registered, if you wish to make EFT contributions to ESSSuper please contact us on 1300 768 776. We will provide you with a unique account number and reference numbers for making payments.	If you wish to make EFT contributions to ESSSuper please contact us on 1300 768 776. We will provide you with a unique account number and reference numbers for making payments.

STEP 4 – CONTRIBUTION INFORMATION

Contribution information is vital to ensure that your payment gets to the right employee's account. ESSSuper has a number of ways that employers can submit contribution information. If you have any queries regarding contributions please contact the Employer Assistance Line on 1300 768 776.

Contribution advice	Non Victorian Government or emergency services employers	Victorian Government or emergency services employers
EmployerDirect	Not applicable.	If you are using EmployerDirect online contribution values are advised using the "Contribution Grid". If you would like additional information or would like to register to use EmployerDirect please contact us on 1300 768 776.
Excel Spreadsheet	If you are using an Excel Spreadsheet to advise the contribution values and the members they relate to, please ensure that the spreadsheet contains the following information: <ul style="list-style-type: none"> • Member Number • Date of Birth • Contribution Amount and • Contribution Type. 	If you are using an Excel Spreadsheet to advise the contribution values and the members they relate to, please ensure that the spreadsheet contains the following information: <ul style="list-style-type: none"> • Member Number • Date of Birth • Contribution Amount and • Contribution Type.
Contribution Remittance Advice	If you are using the <i>Contribution Remittance Advice form</i> (available on our website or upon request) you must complete this form each time contributions are paid to ESSSuper. You can forward the remittance advice form by: <ul style="list-style-type: none"> • Mail – GPO Box 1974, Melbourne Vic 3001 • Fax – 1300 766 757 or • Email – contributions@esssuper.com.au 	If you are using the <i>Contribution Remittance Advice form</i> (available on our website or upon request) you must complete this form each time contributions are paid to ESSSuper. You can forward the remittance advice form by: <ul style="list-style-type: none"> • Mail – GPO Box 1974, Melbourne Vic 3001 • Fax – 1300 766 757 or • Email – contributions@esssuper.com.au

1 January 2016

To Whom It May Concern,

Scheme: Emergency Services Superannuation Scheme
Status: Complying Fund
Basis: Exempt Public Sector Superannuation Scheme
SFN: 26 91 249 42
ABN: 85 894 637 037
SPIN Number: ESSSuper Accumulation Plan – ESS0003AU
ESSSuper Income Stream – ESS0002AU
ESSSuper Beneficiary Account – ESS0001AU

In accordance with section 10 (1) of the *Superannuation Industry (Supervision) Act 1993* (SIS Act) (definition of exempt public sector superannuation scheme refers) and as listed in Schedule 1AA of the *Superannuation Industry (Supervision) Regulations 1994*, the Emergency Services Superannuation Scheme (trading as ESSSuper – Emergency Services & State Super) is declared an “Exempt Public Sector Superannuation Scheme”.

Subsequently, under section 45 (6) of the SIS Act, the Scheme is deemed to be a complying superannuation fund for tax purposes.

ESSSuper is eligible to receive Superannuation Guarantee contributions from employers.

Yours sincerely



Mark Puli
Chief Executive Officer

Proudly serving our members



Superannuation Standard choice form

For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

Section A: Employee to complete

1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate Complete items 2, 4 and 5

The super fund nominated by my employer (in section B) Complete items 2 and 5

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

i You do not have to quote your TFN but if you do not provide it, 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 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

Required documentation

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

4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Fund electronic service address (ESA)

Fund bank account

BSB code (please include all six numbers)

Account number

Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

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

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 that the fund will accept contributions from your employer.

5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

Signature

Date

Day

Month

Year

 / /

Return the completed form to your employer as soon as possible.

Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

! Sign and date the form when you give it to your employee.

6 Your details

Business name

ABN

Signature

Date

Day / Month / Year
 / /

7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

Section C: Employer to complete

! Complete this section when your employee returns the form to you with section A completed.

8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

! If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received

Date you act on your employee's choice

! Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

PRIVACY STATEMENT

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.

Choice of fund Employer registration form



Who should use this form?

This form should be completed prior to sending contributions through for your employee who has elected to have Superannuation Guarantee (SG) or salary sacrifice contributions sent to an ESSSuper Accumulation Plan account under the Choice of Fund rules. You are not required to complete this form if you are a Victorian Government or emergency services employer.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Employee details

Employee's full name																								
Employee/Payroll no.													Date of birth		/		/							
Member no.																								
Employee's postal address																								
Suburb																								
State				Postcode																				

Section 2

Employer details

Business name																								
Trading name																								
Have you been issued a Reporting Centre number from ESSSuper?	<input type="checkbox"/>	Yes	If YES please provide the number													OR								
	<input type="checkbox"/>	No	If NO please provide the following details. (If this is the first employee from your company that has nominated ESSSuper, you should select "No").																					
ABN/ACN		-		-		-																		
Street address																								
Suburb																								
State				Postcode																				
Postal address																								
Suburb																								
State				Postcode																				
Telephone	()													Fax	()					
Email address																								
Contact person																								

* A Reporting Centre Number will be allocated to you when ESSSuper receives this form for the first time. **Please note** if you have already registered to send contributions to ESSSuper for another employee, a Reporting Centre Number will have already been allocated to you. To obtain this number, call the Employer Assistance Line on 1300 768 776.

Section 3

Payment options

Please indicate the method you would like use to pay future contributions:

BPAY*

EFT (direct credit)

* Only available for non Victorian Government or emergency services employers. Please indicate (above) if you would like to use the Bpay payment method and we will contact you with further information upon receipt of this form.

Section 4

Declaration

I acknowledge and agree on behalf of the employer detailed in Section 2 that:

- Compliance and record-keeping concerning SG obligations is the employer's responsibility.
- If the member's contributions or details change in the future, the employer will notify ESSSuper of any such change as soon as possible.
- ESSSuper reserves the right to return any contributions that have not been provided by the employer for the member's account.
- ESSSuper may request an employer to provide data and contributions via preferred methodologies and it reserves the right to decline to accept future contributions from an employer or a member.
- All information provided to ESSSuper will be treated in accordance with the provisions of the *Privacy and Data Protection Act 2014*. I, on behalf of the employer, have read and accept the statements relating to privacy appearing on the privacy statement found at www.esssuper.com.au
- The information provided on this form is true and correct.

Signature of authorised officer

 PLEASE SIGN HERE

Date

 / /

Name of authorised officer



IMPORTANT — PLEASE RETURN THE COMPLETED EMPLOYER REGISTRATION FORM TO ESSSUPER.

ESSSuper GPO Box 1974, Melbourne Vic 3001
T 1300 650 161 | F 1300 766 757 | www.esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at www.esssuper.com.au

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Proudly serving our members

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