

Super Choice - Fund nomination form



Complete this form and provide it to your employer if you wish to nominate UniSuper as your chosen fund to receive your future Superannuation Guarantee contributions.

Important information

Some employees may not be able to choose their own super fund. Please speak to your employer or visit www.ato.gov.au for more information about Choice of Fund.

Note to employers

Choice of Fund legislation provides that this form can be used by an employee to nominate a chosen fund instead of the Standard Choice form issued by the Australian Taxation Office. The Trustee's letter of compliance and information about how to make contributions to UniSuper on behalf of the employee are set out on the back of this form.

SECTION 1 — Personal details

 Please use BLACK or BLUE BALL POINT PEN and print in CAPITAL LETTERS. Cross where required **X**

Title Mr Mrs Ms Dr Professor

Other

Surname

Given name

Address

Suburb/Town

State

Postcode

Date of birth (DDMMYYYY)

Employee identification number/Payroll number (if applicable)



RETURN YOUR COMPLETED AND SIGNED FORM TO:

Please provide your completed and signed form to your employer. Do not return this form to UniSuper.

SECTION 2 — Fund details

Fund name

UniSuper

Fund address

Level 1, 385 Bourke Street Melbourne Vic 3000

Fund Australian Business Number (ABN)

91 385 943 850

Superannuation Product Identification Number (SPIN)

UNI0001AU

Unique Superannuation Identifier (USI)

91385943850001

Phone

1800 331 685

Membership number (If you are unsure please refer to your most recent Benefit Statement)

SECTION 3 — Choice of Fund nomination

I wish to nominate UniSuper as my chosen fund for my future superannuation guarantee contributions.

Signature

Date (DDMMYYYY)

Employer Records (Employer use only)

This section must be completed by the employer after the employee returns the completed form to you.

Date valid choice of fund is accepted (DDMMYYYY)

Date you act on your employee's valid choice of fund (DDMMYYYY)

Do not send a copy of this form to the ATO or to UniSuper. You must keep a copy of this form for your own records for a period of 5 years.

18 October 2021

Trustee Compliance Letter

To whom it may concern

I confirm, on behalf of UniSuper Limited ABN 54 006 027121, AFSL 492806, RSE Licence No. L0000925, the trustee of UniSuper ABN 91385 943 850 (Fund) that:

- a. The Fund is a complying superannuation fund and a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (Act).
- b. The Fund is not subject to a direction under section 63 of the Act and does not expect to receive such a direction.
- c. The Fund is able to accept superannuation guarantee contributions made to the Fund on behalf of existing members.
- d. The governing rules of the Fund allow benefits to be rolled over or transferred to the Fund.
- e. The Fund offers insurance cover that meets the minimum requirements set out in the Superannuation Guarantee (Administration) Act 1992.

HOW TO MAKE PAYMENTS

Employers must make payments to UniSuper electronically through a *Super Stream*-compliant method. For more information, visit www.ato.gov.au/Super/SuperStream/.

MORE INFORMATION

If you have any questions, please call us on **1800 331 685**.

Yours sincerely



Peter Chun
Chief Executive Officer
On behalf of UniSuper

Superannuation product identification number (SPIN): UNIO00IAU

Unique Superannuation Identifier (USI):
91385943850001

Fund: UniSuper
ABN 91 385 943 850

Trustee: UniSuper Limited
ABN 54 006 027 121
AFSL 492806

Administrator: UniSuper Management Pty Ltd
ABN 91 006 961 799
AFSL 235907

Head Office
Level 1, 385 Bourke Street
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1800 331 685

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