

Super choice – fund nomination form



Please complete section 1, 2 and 3 of this form and give it to your employer. Some employees may not be able to choose their own superannuation fund. Please speak to your employer or visit www.ato.gov.au for more information.

1. Your chosen fund details

Fund name	MLC Superannuation Fund
Product name	PremiumChoice Retirement Service
Your full name	
PremiumChoice account number	
Your Tax File Number (TFN)*	
Fund Australian Business Number (ABN)	70 479 285 132
Unique Superannuation Identifier (USI)	70479285132001
Fund address	GPO Box 1610, Melbourne, VIC 3001
Fund phone number	1300 880 054

* You do not have to quote your TFN but if you do not provide it, your contributions may be taxed as a higher rate. Your TFN helps you keep track of your super and allows you to make personal contributions to your fund.

2. Chosen fund payment methods

Your employer can choose one of the following payment methods to pay super contributions to blueprint on your behalf.

BPAY®

You or your employer can make Super Guarantee contributions to your account directly from a cheque, savings or credit card account using BPAY®. Simply use phone banking or internet banking and quote the following:

Bill code: 514158 CRN Ref: 11

Your CRN Ref is the contribution code for Employer (11), Personal non-concessional (13), Spouse (15) plus your **Customer Reference Number (CRN)**.

This can be found by logging into Investinfo.com.au/premiumchoice, checking your account statement or by calling us on **1300 880 054**.

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OR

Cheque

Please state the contribution type for each payment and provide information that identifies the recipient's account including full name, account number and product name (as shown in section 1).

Payable to PremiumChoice Portfolio Services

OR

Direct Debit

Please contact Client Services on **1300 880 054** to set up a direct debit arrangement.

OR

EFT (Electronic Fund Transfer)

To use the EFT service, your employee will need to login to Investinfo.com.au/premiumchoice and register on your behalf.

3. I request that all Super Guarantee contributions are to be made to the fund specified above

Employer name			
Employer ABN			
Employee number (if applicable)			
Date (DD/MM/YYYY)		Signature	

4. Give this form to your employer Do not send this form to PremiumChoice or the Australian Taxation Office (ATO).

Employer use only: Date accepted (DD/MM/YY) Date processed (DD/MM/YY)

Employers must keep the completed form for their own records for five years.

Complying Fund Statement: MLC Superannuation Fund is a complying superannuation Fund and a resident regulated superannuation Fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and the Trustee of the Fund has not received a written notice directing the Trustee not to accept any contributions made to the Fund by an employer sponsor.

The above Complying Fund Statement wording has been approved by the Australian Taxation Office as an acceptable notification that a Fund is a complying Fund.

Contribution Acceptance Section: The Fund accepts all contribution types including Superannuation Guarantee contributions from any employer on your behalf.