

Standard Choice Form

This form only needs to be completed if you would like your employer to pay your contributions into your Freedom of Choice account. Upon completion, please pass this form to your employer.

Before signing this Standard Choice Form, please ensure that you have read the current Product Disclosure Statement for Freedom of Choice available from the website – www.freedomofchoice.com.au, or by contacting the administrator on 1800 806 013.

Section 1: Fund Details

Please make all future superannuation guarantee contributions to the following chosen fund

Fund Name:	Freedom of Choice (a sub-fund of AMG Super)		
ABN:	300 993 205 83	USI:	ETS0003AU
Fund Address:	PO Box 3528 TINGALPA DC QLD 4173	Fund Phone Number:	1800 806 013

Section 2: Your Details

Surname:	Salutation:	
Given Names:	Date Of Birth:	
Your Postal Address:		
Suburb:	State:	Postcode:
Telephone (BH):	(AH):	Mobile:
Your Email Address:		
Your Freedom of Choice Membership Number:		

Your Tax File Number:	I agree to provide my TFN	YES <input type="checkbox"/>	NO <input type="checkbox"/>	My TFN is: <input type="text"/>
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Important Notes about your Tax File Number:

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, where your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- Your superannuation fund will be able to accept all types of contributions to your account/s;
- The tax on contributions to your superannuation account/s will not increase;
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing your superannuation benefits; and
- It will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Section 3: Your Employer Details

Employer's Full Company Name:

Contact Person:

Title:

Employer's Postal Address:

Suburb:

State:

Postcode:

Telephone (BH):

ABN:

Email Address:

Section 4: Your Declaration

1. I request that all future contributions are to be made to Freedom of Choice.
2. I understand that the personal information that I have provided on this form will be used for the purposes of administering my account.
3. I direct and authorise Freedom of Choice to act on my behalf to do everything necessary to nominate Freedom of Choice as my chosen fund.

Member's Full Name:

Member's Signature:

Date:

Section 5: Compliance Statement (for employer information)

Freedom of Choice is a complying and Regulated Superannuation Fund and can accept contributions under the Superannuation Guarantee legislation.

The Fund accepts contributions by EFT, Direct Credit, and Direct Debit.

There are no restrictions regarding the amount paid (i.e. no minimum contribution amounts apply), nor are there any restrictions regarding the frequency of payments.

Contribution Payment Options:

EFTs: Bank Name: Westpac
BSB: 033-009
Account Name: FOC – Application Account
Account Number: 103074
Reference:

Personal Super Payments:

Your Member Number, Surname, Contribution Code

Employer Super Payments – single employee:

Your Employer Number, Abbreviated Company Name, Employee's Member Number, Surname, Contribution Code

Employer Super Payments – multiple employees:

Your Employer Number, Abbreviated Company Name

Contribution Codes:

SG Superannuation Guarantee **SS** Salary Sacrifice **EA** Employer Additional
MV Member Voluntary

When a payment has been sent/deposited, confirmation must be faxed or emailed to the fund administrator on the same day (email to: enquiries@freedomofchoice.com.au) - your confirmation should provide details of the amount paid, the date paid, and how to allocate the payment (i.e. how much to allocate to each person, and what type of contribution it is – SG, SS, EA, or MV)

Please return this completed form to your employer.

Trustee: Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458
c/- The Administrator, Freedom of Choice PO Box 3528, Tingalpa DC QLD 4173
Telephone: 1800 806 013 Fax: 07 3899 7299 Email: enquiries@freedomofchoice.com.au Website: www.freedomofchoice.com.au

Freedom of Choice is a sub-fund of The Executive Superannuation Fund ABN 60 998 717 367 RSE Registration No. R1001419