

# Standard Choice Form

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

**Please return this completed form to your employer.**

## 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 The Executive Superannuation Fund) (the Fund)		
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:	Postcode:	
Telephone (BH):	(AH):	Mobile:
Your Email Address:		
Your Freedom of Choice Membership Number:		

## Section 3: 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 4: 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](mailto: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.**

If you require further assistance on how to make contributions please contact the adviser's office on **1300 043 529** or email **[info@hejazfs.com.au](mailto:info@hejazfs.com.au)**