

STEP 3: GOOD SUPER FUND DETAILS

Fund name

G O O D S U P E R

Unique superannuation identifier (USI) number

2 2 5 0 8 7 2 0 8 4 0 0 0 3

Australian business number (ABN)

2 2 5 0 8 7 2 0 8 4 0

Fund telephone number (8am to 8pm AEST, Mon-Fri)

1 3 0 0 7 8 8 6 5 8

SPIN

E T L 0 4 0 8 A U

SFN

5 1 1 6 9 1 0 5 8

STEP 4: SIGN THIS FORM

- I request that all my future contributions are paid to max Super

Signature

Date of signed (DD-MM-YYYY)

 / /

SECTION B: EMPLOYER TO COMPLETE

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

RECORD OF YOUR 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.

Date employees' choice is received

/ / 2 0

Date you act on your employee's choice

/ / 2 0

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

NOTE: 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.

INFORMATION FOR THE EMPLOYER

Your employer has chosen to have their super contributions paid into Good Super. This form is an allowable alternative to an ATO Standard Choice Form.