

SUPERANNUATION GUARANTEE ELECTION FORM

CHANGING SUPER FUNDS? If yes, please ensure that the new fund is receiving contributions before closing the old fund, and your new fund is displayed on your payslip. If you DO NOT nominate a fund upon commencement of employment, Superannuation contributions will be paid to First State Super.
Website www.firststatesuper.com.au Telephone: 1300 650 873

PERSONAL DETAILS															
Assignment Number														<input type="checkbox"/> New Employee <input type="checkbox"/> Change of Fund	
Surname											Date of Birth (DD/MM/YY)				
Given Name/s															
Facility/Location											Phone Number				
NOMINATE YOUR SUPERANNUATION GUARANTEE FUND DETAILS															
<p> <input type="checkbox"/> For First State Super Funds, complete sections 1 & 4 <input type="checkbox"/> For Choice Funds, complete sections 2 & 4 – SEE NOTE BELOW <input type="checkbox"/> For Self-Managed Super Funds, complete sections 3 & 4 </p> <p>NOTE: If your Choice fund request cannot be actioned your superannuation will be set up to the default fund, First State Super. You will be responsible to undertake any transfer of contributions from First State Super to another SuperStream compliant fund of your choice and cover any related rollover costs. Please allow 10 business days for processing.</p>															
1. FIRST STATE SUPER (DEFAULT FUND) <input type="checkbox"/>															
Member Number															
2. CHOICE FUND <input type="checkbox"/>															
Fund Name											Member Number				
Unique Superannuation identifier (USI)															
3. SELF MANAGED SUPER FUND <input type="checkbox"/> Method of Payment to your Fund must be EFT															
Fund Name											Member Number				
Fund Address															
Suburb/Town											State		Postcode		
Fund Electronic Service Address (ESA) *for SMSF only															
Australian Business Number (ABN)															
Fund Account Name															
Fund BSB					-						FUND ACC #				
Fund Phone Number											Fund Email Address				
4. DECLARATION BY EMPLOYEE															
I hereby certify that I have obtained independent financial advice in relation to this Superannuation Fund Election or I have not obtained financial advice but I fully understand the implications of my election.															
Employee Signature											Date (DD/MM/YY)				
Would you like to receive an email notification that this request has been actioned?													YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Email Address															

PLEASE FORWARD COMPLETED FORM TO HEALTHSHARE NSW

E: HSNSW-Superannuation@health.nsw.gov.au

Telephone: 1300 679 367