

Superannuation Standard Choice Form

Before signing this form, please ensure that you have read the Super Simplifier Product Disclosure Statement (PDS) Part I and Part II. Please give your completed and signed form to your employer.

Compliance Statement

To whom it may concern,

This form constitutes a Complying Fund Statement, confirming that Super Simplifier fund issued by Equity Trustees Superannuation Limited (ETSL) (Trustee) (ABN 50 055 641 757, AFS Licence No 229757, RSE Licence No L0001458) and certifies that Super Simplifier is a resident regulated and complying superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 ('SIS Act') and is able to accept superannuation contributions as it is not subject to a direction under section 63 of the SIS Act.

Contribution Acceptance Statement

Super Simplifier is able to accept transfers and rollovers from other complying superannuation arrangements and all preserved amounts transferred into the Fund will continue to be preserved pursuant to the Regulations embodied in the SIS Act. The Fund is able to accept contributions made pursuant to the Superannuation Guarantee (Administration) Act 1992.

Super Simplifier fund details

Fund name:	Super Simplifier		
Fund address:	PO Box 3528		
Suburb:	Tingalpa DC	State:	QLD
		Postcode:	4173
ABN:	36 526 795 205	Member number:	
Unique superannuation identifier:	36 526 795 205 001	Fund phone number:	1300 726 008

Your details

Surname:			
Given name(s):		Date of birth:	
Address:			
Suburb:		State:	
		Postcode:	
Employee number			

Your employer details

Employer name:			
Address:			
Suburb:		State:	
		Postcode:	

Payment Method: Employer contributions can only be accepted via SuperStream. The Australian government has passed SuperStream legislation that makes electronic payment of super compulsory. SuperStream transmits money and information consistently across the super system – between employers, funds, service providers and the ATO (Australian Tax Office). The data is linked to the payment by a **unique payment reference number**.

Your declaration

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

Member signature:		Date:	
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Please provide this completed form to your employer