Super choice fund nomination form



MLC MasterKey Business Super MLC MasterKey Personal Super

This form is only to be used to direct employer Super Guarantee contributions to a particular fund.

Please complete section 1, 2 and 3 of this form and give it to your employer. This form can be used instead of completing the 'Superannuation – Standard choice form' which you may have received from your employer. Some employees may not be able to choose their own superannuation fund. Please speak to your employer or visit www.ato.gov.au for more information.

If you start a new job and do not advise your employer of your choice of fund, your employer may pay your contributions to a 'stapled super fund'. This is an existing super account that follows you when you change jobs.

1. Your chosen f	fund details	
Fund name		MLC Super Fund
Product name		MLC MasterKey Business Super / MLC MasterKey Personal Super
Your full name		
MLC Super account number		
Your Tax File Number (TFN)*		
Fund Australian Business Number (ABN)		70 732 426 024
Unique Superannuation Identifier (USI)		70 732 426 024 100
Fund address		MLC Super, PO Box 200, North Sydney NSW 2059
Fund contact		132 652
* You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN helps you keep track of your super and allows you to make personal contributions to your fund.		
2. Chosen fund	payment methods	
		ds to pay Super Guarantee contributions on your behalf. If you would like to make MasterKey It's easy to contribute flyer on mlc.com.au
BPAY®		make contributions to your new superannuation account directly from a savings,
	cheque or credit card account	nt using BPAY®. Simply use phone banking or internet banking and quote the following:
	Biller code: 919688 CRN	NRef: 1
		ntributions you need to include the nine digit Customer Reference Number . into mlc.com.au and clicking on Account details or by calling us on 132 652 . 9 079 137 518
3. I request that	all Super Guarantee	contributions are to be made to the fund specified above:
Employer name		
Employer ABN		
Employee number (if ap	oplicable)	
Date (DD/MM/YYYY)		Signature
2 ato (23,1111,1111)		Signatur s
4. Give this form	n to your employer.	Do not send this form to us or the Australian Taxation Office (ATO).
Employer use only:	Date accepted (DD/MM/Y	Y) Date processed (DD/MM/YY)
you do not have to requ	uest stapled fund information f	wn records for five years. If the employee has provided this form as their choice of fund, for the employee and can accept this election. The records for five years. If the employee has provided this form as their choice of fund, for the employee and can accept this election.

Superannuation Industry (Supervision) Act 1993 and the trustee of the fund has not received a written notice directing the trustee not to accept any contributions made

The above Complying Fund Statement wording has been approved by the Australian Taxation Office as an acceptable notification that a Fund is a complying fund. Contribution Acceptance Section The Fund accepts all contribution types including superannuation guarantee contributions from any employer on your behalf.

to the fund by an employer sponsor.