

I'm choosing CareSuper

Use this form to tell your employer to pay your super into your CareSuper account.

Changes to super are coming on 1 November 2021. If you're handing this form to your employer before 1 November 2021, you can continue filling out this form. If you need a **Choice form** after this date, please complete our new form available at caresuper.com.au/choice.

MEMBER TO COMPLETE

PERSONAL DETAILS

Surname _____

Given names _____

Member account number (if known) _____

Date of birth (DD/MM/YYYY) _____/_____/_____

Tax file number (optional)* _____

*If you've already given your employer your tax file number, you can leave this blank. If you haven't, it isn't compulsory to include it, but we may not be able to receive contributions for you and any contributions we do receive will be taxed at a higher rate. Find out more at caresuper.com.au/FAQs.

YOUR APPROVAL

I authorise my employer to pay all my future super contributions into CareSuper.

X _____

Member's signature

Date (DD/MM/YYYY) _____/_____/_____

Give this form to your employer. You don't have to give it to us. Your employer must process this form within two months of receiving it. Keep in mind, your employer only has to accept one **Choice form** from you every 12 months.

EMPLOYER TO COMPLETE

Your employee has chosen to have their super paid into CareSuper. This means you must process this form within two months of receiving it. Two months after receiving this form, any super contributions for this employee must be paid into their CareSuper account if:

- Your employee is eligible for choice of fund, and
- Your employee has not nominated another choice of fund in the past 12 months.

Once you've accepted your employee's choice, record the date of your acceptance on this form and keep it for your records. It does not need to be sent to the ATO, CareSuper or your default super fund. For more information on your other super obligations visit caresuper.com.au/employers.

! CareSuper accepts contributions via a SuperStream compliant payment method and does not accept payments directly made to the fund by EFT, direct debit or BPAY®.

COMPLETE THIS INFORMATION FOR YOUR RECORDS

Date you received this form (DD/MM/YYYY) _____/_____/_____

Date you acted on your employee's choice (DD/MM/YYYY) _____/_____/_____

CARESUPER'S DETAILS

C A R E S U P E R _____

Fund name

L O C K E D B A G 2 0 0 1 9 _____

M E L B O U R N E V I C 3 0 0 1 _____

Address

9 8 1 7 2 2 7 5 7 2 5 _____

ABN

C A R O 1 0 0 A U _____

Unique Superannuation Identifier (USI)



KEEP YOUR SUPER IN ONE PLACE

This form won't move any super you have in other accounts into your CareSuper account. Only new contributions will be paid to CareSuper. To find out how to combine your super accounts, visit caresuper.com.au/combine.



YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it.

CARESUPER IS A COMPLYING SUPER FUND

CareSuper is a complying resident regulated superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993 (SIS Act)*. CareSuper is a registrable superannuation entity and may be nominated as a default fund as it meets the minimum statutory insurance cover requirements. The Trustee of the Fund is CARE Super Pty Ltd ABN 91 006 670 060 AFSL 235226.