

Super choice fund nomination

Information sheet

When to use this form

Use this form to instruct an employer to pay super contributions into your MyNorth Super account.

If you require further information regarding this form, please contact the North Service Centre on 1800 667 841 or at north@amp.com.au.

Note: To find out if you can choose your own super fund, or for further information on choosing your choice of super fund, visit ato.gov.au.

Contribution types:

- Super guarantee (SG)/Award
 Contributions an employer pays to comply with an Award or Industrial Arrangement.
- Salary sacrifice
 Contributions paid from an employee's pre-tax salary.
- Personal
 Contributions paid from an employee's after-tax income.
- Eligible spouse contributions are super contributions you make on behalf of your spouse. These are classified as nonconcessional or after-tax contributions. This means that the contribution is made with after-tax dollars and it is not

subject to further tax once placed in the super account.

Employees - what you need to do

- 1. Complete the super choice fund nomination form.
- 2. Provide your employer with the completed **super choice fund nomination** form, along with a copy of this information sheet.
- 3. To ensure your super contributions are being paid into your account by your employer or to check your contributions/ account details—simply log into your account on North Online.

Note: It may take up to four months for your employer to pay your first contribution into your nominated super account.

Employers - what you need to do

You have received this form as your employee has chosen to have their super contributions paid to the MyNorth Super Plan which is a complying super fund.

Chosen fund payment methods

Under SuperStream, the government's legislation for electronic super payments, all employers need to pay super contributions through a method that meets the SuperStream rules.

Employers can do this by using:

- their own software solution that complies with SuperStream
- a solution by an outsourced payroll or other service provider that complies with SuperStream
- a clearing house such as the Small Business Superannuation Clearing House

More information about SuperStream is available at ato.gov.au/Super/SuperStream or amp.com.au/regulatorychange/superstream.

To make contributions to the MyNorth Super Plan, refer to the **employer payment instructions** in section **4** of the enclosed **super choice fund nomination** form.

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Super choice fund nomination

Use this form to choose the Wealth Personal Superannuation and Pension Fund to receive your employer contributions. It can be used instead of the **standard choice form** you may have received from your employer.

This form is for the MyNorth Super Plan. Please ensure that you have read the MyNorth Super & Pension product disclosure **statement** prior to completing this form.

Some employees may not be able to choose their own superannuation fund. Please speak to your employer or visit ato.gov.au for more information.



Important: Once you've completed this form please return it to your employer.

1. Fund details 4. Employer payment instructions Fund name Your employer can make SuperStream compliant super contributions for employees using the fund details listed in Wealth Personal Superannuation and Pension Fund section 1. Product 5. Complying fund statement from the Trustee MyNorth Super The Wealth Personal Superannuation and Pension Fund (the Australian Business Number (ABN) Fund) is a complying superannuation fund and is a resident 92 381 911 598 regulated superannuation fund within the meaning of the Unique Superannuation Identifier (USI) Superannuation Industry (Supervision) Act 1993 (SIS Act). NMS0040AU The Trustee of the Fund has no reason to believe that the Fund will not comply with the SIS Act and regulations. The Fund is 2. MyNorth member details not subject to any direction under section 63 of the SIS Act. **Contribution acceptance** Account number We accept all types of contributions, rollovers or transfers allowed by legislation. Account name **Employer use only** Date accepted Date processed 3. Employee declaration I request that all future employer contributions are to be made to the fund specified in section 1. Employee name Employee no. (if applicable) Employee signature X Date

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