

# Super Choice - Fund Nomination Form to be provided to your employer

This form can be used instead of completing Part B of the 'Choice of superannuation fund - 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](http://www.ato.gov.au) for more information.

## 1 Chosen fund details

**Fund Name** Colonial First State FirstChoice Wholesale Personal Super  
**Membership Number** 0110 3092 2237  
**Account Name** Christopher Scott McCallum  
**Fund Australian Business Number (ABN)** 26458298557  
**Unique Superannuation Identifier (USI)** FSF0511AU  
**Fund Contact** [contactus@colonialfirststate.com.au](mailto:contactus@colonialfirststate.com.au)

## 2 Chosen fund payment methods

Your employer can choose one of the following payment methods to pay super contributions to Colonial First State on your behalf.

**EFT**  
Individual  
Direct Credit

**BSB** 062-778  
**Bank Account** 030922237  
**Account Name** Christopher Scott McCallum  
**EFT Description (Reference)** S G

Only contributions for this employee can be paid to this bank account. Branch deposits are not accepted.

You **must** enter the 2 digit contribution code. For example, SG. You may use the remaining space to enter details that will assist identification if for any reason the payment is returned to your bank account. For example, enter the employee's name or employee number.

Contribution codes are: SG (Super Guarantee), EA (Employer Additional)  
 SS (Salary Sacrifice) or MV (Member Voluntary).

**Member code for EFT** Not applicable

OR



Super Guarantee

Billers code: 485466  
Ref: 1011030922237

Salary Sacrifice

Billers code: 434092  
Ref: 1011030922237

Member Voluntary

Billers code: 485441  
Ref: 1011030922237

OR

**Cheque**

Please state the type of contribution for each payment (eg. Superannuation guarantee, salary sacrifice etc.)

**Payable to** Colonial First State FirstChoice Wholesale Personal Super  
 (Christopher Scott McCallum 0110 3092 2237)

**Send cheques to** Colonial First State  
 Reply Paid 27, Sydney NSW 2001

## 3 I request that all future employer contributions are to be made to the fund specified above in section 1:

Employer name   
 Employee name   
 Employee No. (if applicable)   
 Date / /  Signature

**Give this form to your employer. Do not send this form to Colonial First State.**

EMPLOYER USE ONLY: Date accepted:  Day  /  Month  /  Year  Date processed:  Day  /  Month  /  Year

If you or your employer have any questions you can visit our Super Choice Centre at [colonialfirststate.com.au](http://colonialfirststate.com.au) or contact Colonial First State on 13 13 36.