ANZ AUSTRALIAN STAFF SUPERANNUATION SCHEME CHOICE OF FUND ELECTION FORM



Please use this form to notify your employer of your choice of superannuation fund. If you need help For assistance call ANZ Staff Super on 1800 000 086. Please print in black or blue pen, in uppercase, one character per box. STEP 1 - COMPLETE YOUR PERSONAL DETAILS STEP 3 - SIGN THE FORM Title Mr Mrs Ms Miss Other Please pay my Superannuation Guarantee (SG) contributions into the ANZ Australian Staff Superannuation Scheme. Date of Birth I understand and consent to my information being collected, First Name(s) disclosed and used in the manner set out in this form. Last Name Signature Residential address (must be advised): Street address Town/City Postcode Submit this completed form to your employer and keep a copy for your records. Postal address (if different to above): Street address IMPORTANT INFORMATION FOR YOUR EMPLOYER Postcode Town/City **Statement of Fund Compliance** To whom it may concern Mobile Phone I certify, on behalf of the Trustee of the ANZ Australian Staff Home Phone Superannuation Scheme (the Scheme), that: **Email Address** 1. The Scheme is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 ("SIS Act"). STEP 2 - PROVIDE DETAILS OF YOUR FUND OF CHOICE 2. The Scheme is a complying superannuation fund within the meaning of the SIS Act and has never received a notice of non-Fund Name: compliance from the Australian Prudential Regulation Authority. ANZ AUSTRALIAN STAFF SUPERANNUATION SCHEME 3. The Scheme is able to accept superannuation contributions from employers on behalf of current members. Fund address: 4. The Scheme is not and has never been subject to a direction under GPO BOX 4303, MELBOURNE VIC 3001 Section 63 of the SIS Act. Fund Contact Number: Confirmation of acceptance of contributions The ANZ Australian Staff Superannuation Scheme will accept personal 1800 000 086 and employer contributions for current members. Fund Website Address: How to make contributions to ANZ Staff Super www.anzstaffsuper.com Simply contact your SuperStream solution provider and use the following information: Unique Superannuation Identifier (USI): Fund name: ANZ Australian Staff Superannuation Scheme 83 810 127 567 801 ABN: 83 810 127 567 Fund Australian Business Number (ABN): USI: 83810127567801 83 810 127 567 Yours sincerely, Membership number: Paul Rosam Senior Manager Superannuation