

## Making Mercy Super your chosen super fund

To arrange for QLD Health to pay your super contributions to your existing Mercy Super account, you need to complete the Superannuation Standard Choice form and submit it to Payroll Services along with the attached Mercy Super Complying Fund Statement.

To minimise any delays and to ensure your request is actioned properly, please follow the simple instructions below to complete the Superannuation Standard Choice form:

### If you already have a form provided to you from your employer

#### Complete Section A:

##### Part 1

Mark the first option "The APRA fund or retirement savings account (RSA) I nominate"

##### Part 2

Insert your **name, employee/payroll number and Tax file number** (TFN)

##### Part 3

Insert the following details:

**Fund ABN** – 11 789 425 178

**Fund name** – Mercy Super

**Fund address** – PO Box 8334, Woolloongabba, QLD, 4102

**Fund phone** – 1300 368 891

**Unique superannuation identifier (USI)** – 11 789 425 178 001

**Your account name** – insert your name

**Your member number** – insert your Mercy Super member number which you can find on any recent correspondence (or by contacting us on 1300 368 891)

##### Part 4

Leave blank, no need to complete

##### Part 5

Mark the box that "I have attached the relevant documentation", sign and date the form

**Section B should have already been completed by your employer.**

**Submit the completed form along with the Mercy Super Complying Fund Statement to Payroll Services** who will then arrange for your super contributions to go to your Mercy Super account.

### If you don't already have a form, use the partially completed form attached

#### Complete the remaining parts of Section A:

##### Part 2

Insert your **name, employee/payroll number and Tax file number** (TFN)

##### Part 3

Insert the following details:

**Your account name** – insert your name

**Your member number** – insert your Mercy Super member number which you can find on any recent correspondence (or by contacting us on 1300 368 891)

##### Part 4

Leave blank, no need to complete

##### Part 5

Sign and date the form

**If Section B has not already been completed by your employer**, provide the form to your local Human Resources area or another delegate of the employer (e.g. line manager) to complete Section B

**Submit the completed form along with the Mercy Super Complying Fund Statement to Payroll Services** who will then arrange for your super contributions to go to your Mercy Super account.

That's it.



For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

## Section A: Employee to complete

### 1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an  in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate  Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate  Complete items 2, 4 and 5

The super fund nominated by my employer (in section B)  Complete items 2 and 5

### 2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

**!** 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 also helps you keep track of your super and allows you to make personal contributions to your fund.

### 3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

#### Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

#### 4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

  

Suburb/town

State/territory

Postcode

Fund phone

Fund electronic service address (ESA)

Fund bank account

BSB code (please include all six numbers)

Account number

#### Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

#### 5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

Signature

Date

Day

Month

Year

 /  / 

Return the completed form to your employer as soon as possible.

## Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

**!** Sign and date the form when you give it to your employee.

### 6 Your details

Business name

ABN

Signature

Date

Day / Month / Year  
  /   /

### 7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

## Section C: Employer to complete

**!** Complete this section when your employee returns the form to you with section A completed.

### 8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

**!** If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received

Day / Month / Year  
  /   /

Date you act on your employee's choice

Day / Month / Year  
  /   /

**!** Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

### PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.