

# Catholic Super Choice of Fund Application

If you'd like your employer to pay future Super Guarantee contributions into Catholic Super on your behalf, please complete this Application and hand it to your employer. If you need help or assistance with this form, call Catholic Super Service Centre on **1300 655 002**.

| Step 1 – Complete your pers   | onal details  Please print in black or blue pen, in uppercase, one character per box.  A                              |
|---|---|
| Member Number   | Date of birth / / / /   |
| Gender Male Female  | Title Mr Mrs Ms Miss Other  |
| Given names   |   |
|   |   |
| Surname   |   |
| Address   |   |
| Suburb  | State Postcode  |
|   | State rostode   |
| Daytime Telephone   | Mobile  |
|   |   |
| Email   |   |
| Fund name  C A T H O L I C S U P E  Fund address  G P O B O X 4 3 0 3  Suburb  M E L B O U R N E  Fund ABN  5 0 - 2 3 7 - 8 9 6 - 9 5 7  Fund contact number  1 3 0 0 6 5 5 0 0 2 | State Postcode  VIC 3001  Unique Superannuation Identifier (USI)  50237896957601  Fund website address  CSf. COM. a U |
|   |   |
| Step 3 – Sign the form  |   |
| Step 3 – Sign the form  • I request that all future employer contributions are to be  | pe made to my Catholic Super account.   |
|   |   |
| I request that all future employer contributions are to be  |   |

### Employer only – Important Information

#### How to pay into Catholic Super

It's easy to pay contributions into Catholic Super. We have easy-to-use online payment options to choose from: Online Lite, Online Pro or Online Q.

The Government's SuperStream reforms require all employers to make super contributions electronically. Sign up to one of our online options now – you don't need to wait.

For more information, go to www.csf.com.au/employers or call the Catholic Super Service Centre on 1300 655 002.

#### **Statement of Compliance**

The required Letter of Compliance for Catholic Super is supplied below.

#### For your records

This section must be completed when an employee returns this form to you after completing Steps 1 to 3.

Date valid choice is accepted /

Date you acted on your employee's valid choice // //

1 April 2015



## Letter of Compliance

To whom it may concern,

CSF PTY LTD SPIN: CSF0100AU

**AFSL:** 246664 **Fund ABN:** 50 237 896 957

**Trustee ABN:** 30 006 169 286 **Unique Superannuation Identifier:** 50 237 896 957 601

I certify on behalf of the Trustee that the Fund:

- is a complying resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS)
- is not, nor has ever been, subject to a direction under section 63 of SIS not to accept any contributions from an employer-sponsor
- is able to accept superannuation contributions from employers on behalf of their employees
- meets the minimum statutory death insurance requirements for choice of funds and is therefore eligible to be nominated as a default fund.

If your require details about making contributions or any other matters, please contact our Service Centre on **1300 655 002** or check our website **www.csf.com.au**.

Yours faithfully,

Frank Pegan

Chief Executive Officer