# Choose First State Super when you change jobs

**Complete this form and give it to your payroll office if you would like your new employer to pay compulsory superannuation guarantee contributions to First State Super on your behalf.**

## Your personal details

☐ I am already a member*

First State Super Member number

Title

Given name(s)

Last name

Telephone number

Address

Suburb

State

Postcode

Email

* This form is only for existing members of First State Super.

Signature

Date (DD-MM-YYYY)

**Next step:** Give this completed form to the payroll officer at your workplace.

## Employers only

### Information for employers

- Use the information on this form to add or record the employee's super fund nomination. You must keep a copy for your own records for five years.
- First State Super will become a chosen fund for the employee two months after the employee gives this notice to you, or earlier at your discretion. However, contributions after the two-month period must be made to First State Super as the employee's new chosen super fund.

**First State Super is a complying fund**

First State Super is a resident regulated superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (SIS Act) and is not subject to a direction under section 63 of the Act.

First State Super complies with the death insurance cover requirements for choice of superannuation fund so that employers can choose First State Super as their default fund.

### Key information for employers

Fund name: First State Superannuation Scheme
Fund Australian Business Number (ABN): 53 226 460 365
Unique Superannuation Identifier (USI): 53 226 460 365 001
MySuper Authorisation Number: 53 226 460 365 073
Phone: 1300 650 873
Website: firststatesuper.com.au
Address: PO Box 1229, Wollongong NSW 2500

**Contribution payment method**

First State Super provides a free clearing house service for all registered employers. More details including other payment options can be found at firststatesuper.com.au/employers or call 1300 650 873.

Date this form is received:

Date of first contribution:

**Contact us** enquiries@firststatesuper.com.au | 1300 650 873 | PO Box 1229, Wollongong, NSW, 2500 | firststatesuper.com.au

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