

# ANZ Superannuation Savings Account (ANZ SSA) Standard Choice Form



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## Customer Services

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Date faxed (dd/mm/yy)

Number of pages faxed

Once completed please return this form to your employer. Do not send this form to the Australian Taxation Office or to your superannuation fund.

## PART A: EMPLOYEE TO COMPLETE

You may choose any eligible choice fund for your employer as a chosen fund for your future Superannuation Guarantee contributions.

### Dear Employer

Please pay my future superannuation contributions to:

my chosen fund, ANZ Superannuation Savings Account  the employer nominated default fund

### My chosen fund's details

Fund name   
Current Member No.   
Current account name   
Superannuation Australian Business Number (ABN)   
Superannuation Product Identification Number (SPIN)   
Telephone  Website

### My (employee) details

Name   
Payroll No.  Tax file number

Signature of applicant (sign clearly within the box)

Date (dd/mm/yy)

### Methods of paying contributions to my chosen fund

#### Direct credit

Current account name is   
(Given name and surname) BSB Number   
(01 + first 4 digits of Member Number)  
Account Number   
(Last 9 digits of Member Number) Lodgement Reference   
(EMP DEP + Employer Number)

Note: Ensure all payments are for one member only and contain the correct contribution code, otherwise payments may be returned.

#### Cheque payments

Cheques are payable to **OnePath Life Limited** and should be addressed to: OnePath Life, GPO Box 4028 Sydney NSW 2001

Cheque payments are credited to individual member accounts. Please quote the type of contribution and complete the Contributions Remittance Advice on page 50 or include paperwork detailing the amount and contribution type.

#### ANZ branch

Please advise the branch staff the type of contribution:

Employer Deposit (including Superannuation Guarantee and salary sacrifice) TC: 60

Agent Deposit Reference

(Employer number)

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## PART B: EMPLOYER TO COMPLETE

**Note to employer:** please give this form to your employee once you have completed this section. You will also need to keep this form in your records for five years.

Business name

ABN

Signature of applicant (*sign clearly within the box*)

Date (dd/mm/yy)

### Employer nominated default super fund

Fund name

Fund's website

Date valid employee choice is effected (dd/mm/yy)

Date employer acts on employee's valid choice (dd/mm/yy)

When you receive this form and all of the required information from your employee, and where an employee has chosen a fund, any contributions you make in the two months after receiving the form can be made to either your employer nominated superannuation fund (your default fund) or the employee's new chosen fund. Contributions after the two month period must be made to the employee's new chosen superannuation fund.