

Super choice – fund nomination form

Please complete section 1, 2 and 3 of this form and give it to your employer. Some employees may not be able to choose their own superannuation fund. Please speak to your employer or visit www.ato.gov.au for more information.

1. Your chosen fund details

Fund name	MLC Superannuation Fund
Product name	blueprint Retirement Plan
Your full name	
blueprint account number	
Your Tax File Number (TFN)*	
Fund Australian Business Number (ABN)	40 022 701 955
Unique Superannuation Identifier (USI)	40022701955012
Fund address	GPO Box 394, Melbourne, VIC 3001
Fund phone number	1300 852 933

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

2. Chosen fund payment methods

Your employer can choose one of the following payment methods to pay super contributions to blueprint on your behalf.

BPAY®

You or your employer can make Super Guarantee contributions to your account directly from a cheque, savings or credit card account using BPAY®. Simply use phone banking or internet banking and quote the following:

Bill code: 950436 CRN Ref: 11

Your CRN Ref is the contribution code for Employer (11), Personal non-concessional (13), Spouse (15) plus your **Customer Reference Number (CRN)**.

This can be found by logging into investinfo.com.au/blueprint, checking your account statement or by calling us on **1300 852 933**.

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OR

Cheque

Please state the contribution type for each payment and provide information that identifies the recipient's account including full name, account number and product name (as shown in section 1).

Payable to blueprint Retirement Plan

OR

Direct Debit

Please contact Client Services on **1300 852 933** to set up a direct debit arrangement.

OR

EFT (Electronic Fund Transfer) To use the EFT service, you will need to register at Investinfo.com.au/blueprint

3. I request that all Super Guarantee contributions are to be made to the fund specified above:

Employer name	
Employer ABN	
Employee number (if applicable)	
Date (DD/MM/YYYY)	Signature

4. Give this form to your employer Do not send this form to blueprint or the Australian Taxation Office (ATO).

Employer use only:

Date accepted (DD/MM/YY)

Date processed (DD/MM/YY)

Employers must keep the completed form for their own records for five years.

Complying Fund Statement: MLC Superannuation Fund is a complying superannuation Fund and a resident regulated superannuation Fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and the Trustee of the Fund has not received a written notice directing the Trustee not to accept any contributions made to the Fund by an employer sponsor.

The above Complying Fund Statement wording has been approved by the Australian Taxation Office as an acceptable notification that a Fund is a complying Fund.

Contribution Acceptance Section: The Fund accepts all contribution types including Superannuation Guarantee contributions from any employer on your behalf.