Super

Superannuation Nomination Form

Please use this form to nominate your superannuation choice.

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| **Section A** Your Details |
| **Name** |       |
| **Date of Birth** |       |
| **Employee ID**  |       |
| **Section B** Superannuation Nomination |

I require that all future Superannuation Guarantee Contributions be made into:

[ ]  **My employer’s default super fund**

I want my employer to open a new account for me in their default fund

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| **Section C** Default Superannuation Fund Details |
| **Superannuation Fund Name** | Colonial First State |
| **Superannuation Fund Australian Business Number (ABN)** | 26 458 298 557 |
| **Unique Superannuation Identifier (USI)** | FSF0361AU |

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| **Section D** Employee Authorisation |

[ ] By submitting this form, I hereby authorise Perenti Payroll to pay my superannuation into the above selected option.

Date

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| **Section E** Form Submission |

Please save this form and submit through to mysuper@perentigroup.com.

If you have any queries or issues with submitting the form, please contact mysuper@perentigroup.com.