

STANDARD CHOICE FORM (for your employer)

This form is given to your employer to advise them to send your superannuation contributions to Quadrant. The form is retained by your employer.

Personal details

Title: Mr Mrs Ms Miss Dr Other:

Given names:

Surname:

Postal address:

Suburb:

State: Postcode: Date of birth:

Employer details

Employer name:

Contact name:

Employer address:

Suburb:

State: Postcode: Contact Number:

Choice of superannuation fund

I request that all future superannuation guarantee contributions be made to my chosen superannuation fund.

My chosen superannuation fund details are:

Fund name: **Quadrant Superannuation Scheme**

Australian Business Number (ABN): 12 727 521 796

Member number (if known):

Contact details: Quadrant Superannuation, GPO Box 863, HOBART TAS 7001. Phone: 1800 222 209 Fax: (03) 6231 4317

Letter of compliance

To whom it may concern

We certify that Quadrant Superannuation Scheme (ABN 12 727 521 796):

1. Is administered in accordance with the *Superannuation Industry (Supervision) Act 1993*
2. Is a regulated superannuation fund for the purposes of the 'Act'
3. Is a 'complying superannuation fund' for the purposes of the *Income Tax Assessment Act 1936*
4. Complies with the minimum requirements under subsection 32C(2)(c) of the *Superannuation Guarantee (Administration) Act 1992* and *Superannuation Guarantee (Administration) Regulation 9A* with respect to the level of death insurance offered to default funds in the Quadrant Investment Choice fund
5. Is able to accept superannuation guarantee contributions from employers, and is able to accept contribution payments in the following ways:
 - Direct credit
 - Via BPAY®
 - By cheque, made payable to 'Quadrant Superannuation Pty Ltd'

Contact Quadrant on 1800 222 209 for details on paying contributions.

It is the intention of the Quadrant Trustee to administer the Fund in such a way as to maintain its 'complying status'.

Member declaration

By signing and completing this *standard choice form*, I nominate Quadrant Superannuation Scheme as my chosen superannuation fund.

Your signature: Date:

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