

Essential Super

Super Choice form

SAVE AS FORM

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**Give this form to your employer or payroll officer**

Simply complete and sign section 2 and hand this form to your employer or payroll officer. If you have any questions, or require further information about your Essential Super account, please visit commbank.com.au/super or call us on 13 40 74.

Note for employers:

Under the government's SuperStream reforms, employers are required to make contributions in accordance with the payment and data standards. The information provided in section 1 of this form can be used to make contributions via a SuperStream compliant payment portal.

1 Your Essential Super fund details

Fund name

Essential Super

Fund contact

contactessentialsuper@cba.com.au

Account number/Member number

Account name

Fund Australian Business Number (ABN)

56 601 925 435

Unique Superannuation Identifier (USI)

FSF1332AU

2 Your personal details

I request that all future employer contributions are to be made to the fund specified above.

Employer name

Employee name

Employee No. (if applicable)

Signature

Date

Thank you for completing this form.

Complying fund statement

Commonwealth Essential Super is part of the Commonwealth Essential Superannuation Fund ('the Fund'). The Fund is a complying, resident, regulated superannuation fund and is constituted under a trust deed dated 21 December 2012. The trustee of the Fund is Colonial First State Investments Limited ('the Trustee').

In the event that the Fund's complying status was revoked the trustee would receive notice to that effect under section 63 of the Superannuation Industry (Supervision) Act. The trustee confirms that it has not received nor does it expect to receive any such notice. The trustee accepts all the above categories of employer contributions.