

# Standard Choice Form



Before signing this *Standard Choice* form, please ensure that you have read the relevant NQ Super & Pension Product Disclosure Statement and current Additional Information Booklet. Upon completion, please provide this to your employer.

## SECTION 1: FUND DETAILS

Please make all future superannuation guarantee contributions to the following chosen fund:

|                 |                                  |                      |                |
|-----------------|----------------------------------|----------------------|----------------|
| Fund name:      | NQ Super & Pension               | Registration number: | R1001006       |
| ABN:            | 300 993 205 83                   | USI:                 | 30099320583003 |
| Postal address: | PO Box 3528 TINGALPA DC QLD 4173 | Fund phone number:   | 1300 986 450   |

## SECTION 2: YOUR DETAILS

|                 |        |                    |  |
|-----------------|--------|--------------------|--|
| Surname:        |        | Salutation:        |  |
| Given name(s):  |        | Date of birth:     |  |
| Postal address: |        |                    |  |
| Suburb:         | State: | Postcode:          |  |
| Telephone (BH): | (AH):  | Mobile:            |  |
| Email:          |        | Membership number: |  |

## SECTION 3: YOUR EMPLOYER DETAILS

|                 |        |           |  |
|-----------------|--------|-----------|--|
| Company name:   |        |           |  |
| Contact person: |        | Title:    |  |
| Postal address: |        |           |  |
| Suburb:         | State: | Postcode: |  |
| Telephone (BH): | ABN:   |           |  |
| Email:          |        |           |  |

## SECTION 4: YOUR DECLARATION

- I request that all future contributions are to be made to the Fund.
- I understand that the personal information that I have provided on this form will be used for the purposes of administering my account.
- I direct and authorise the Fund to act on my behalf to do everything necessary to nominate NQ Super & Pension as my chosen fund.

|                     |  |       |  |
|---------------------|--|-------|--|
| Member's full name: |  |       |  |
| Member's signature: |  | Date: |  |

**Please return this completed form to your employer**

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of NQ Super & Pension's Privacy Statement, please let us know. We have published our Privacy Statement on our website at [www.nqsuper.com.au](http://www.nqsuper.com.au).