

# Super Choice - Fund Nomination Form

This form can be used instead of completing Part B of the 'Choice of superannuation fund - Standard choice form' which you may have received from your employer.

Some employees may not be able to choose their own superannuation fund. Please speak to your employer or visit [www.superchoice.gov.au](http://www.superchoice.gov.au) for more information.

## 1 Chosen fund details

|   |  |
|---|--|
| <b>Fund Name</b>                                  | ClearView Retirement Plan – Superannuation and Roll-overs                              |
| <b>Membership Number</b>                          | <input type="text"/> Write your ClearView Retirement Plan membership number (if known) |
| <b>Account Name</b>                               | <input type="text"/> Write your full name  |
| <b>Fund Australian Business Number (ABN)</b>      | 45 828 721 007   |
| <b>Super Product Identification Number (SPIN)</b> | NRM0041AU  |
| <b>Fund Contact</b>                               | 132 977  |

## 2 Chosen fund payment methods

Your employer can choose one of the following payment methods to pay super contributions to the ClearView Retirement Plan – Superannuation and Roll-overs on your behalf.

**Cheque** Employers must complete and sign an Employer Contribution Form or provide sufficient written instructions for each contribution made by cheque.

The cheque should be made payable to "ClearView Life Nominees Pty Limited" and crossed "Not negotiable".

The cheque should be attached to the completed Employer Contribution Form or written instruction and sent to the address listed below at the end of this section.

OR

### Direct Debit

Employers must complete and sign an Employer Contribution Form – including the additional Request and Authority to Debit form attached to it - for each contribution made by direct debit from their employer account.

The forms should be sent to the address listed below at the end of this section. Please allow at least 3 working days for processing of direct debit instructions.

OR

### Employee Regular Savings Plan (monthly direct debit)

If both the employee and employer agree to make fixed monthly contributions by direct debit from the employer account:

- The employee must complete the Employer Details section and indicate a fixed dollar amount of Regular Contributions per month' in the Contributions Details section on the ClearView Superannuation and Roll-overs Product Disclosure Statement Application Form or Additional Contributions Form; and

- The employer must complete and sign the Direct Debit Request form contained in the Application Booklet of the current ClearView Superannuation and Roll-overs Product Disclosure Statement or Additional Contributions Form.

Completed forms should be sent to the address listed below at the end of this section. Note that the selected fixed dollar amount will be debited from the employer account around the 15th day of each month. Any future increase or decrease to the fixed dollar amount must be agreed to by the employee and the employer and notified in writing to ClearView before the change can take place. Please allow at least 14 working days' notice to set up a Regular Savings Plan or make changes to it.

The Product Disclosure Statement and the forms mentioned in this document can be obtained from the ClearView website at [www.clearview.com.au](http://www.clearview.com.au) or by calling 132 976. Send all required documents to: **ClearView, GPO Box 4232 – Reply Paid, Sydney NSW 2001**

## 3 I request that all future employer contributions are to be made to the fund specified above in section 1:

|   |                                       |
|---|---------------------------------------|
| <b>Employer name</b>  | <input type="text"/>                  |
| <b>Employee name</b>  | <input type="text"/>                  |
| <b>Employee No. (if applicable)</b>   | <input type="text"/>                  |
| <b>Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <b>Signature</b> <input type="text"/> |

**Give this form to your employer. Do not send this form to ClearView.**

### EMPLOYER USE ONLY:

**Date accepted**   /   /     **Date processed**   /   /

If you or your employer have any questions please contact ClearView on 132 977.

ClearView Life Nominees Pty Limited ABN 37 003 682 175 AFS Licence No. 227683 RSE Licence No. L0000802, Trustee of the ClearView Retirement Plan RSE Registration No. R1001624.

ClearView Life Assurance Limited ABN 12 000 021 581 AFS Licence No. 227682 trading as ClearView Life, Manager of the ClearView Retirement Plan