

Super Choice – Fund Nomination Form

Use this form to instruct your employer to pay your superannuation into your Colonial First State account. This form should be given to your employer.

This form can be used instead of completing Part B of the 'Superannuation (super) standard choice form' which you may have received from your employer.

Some employees may not be able to choose their own superannuation fund.

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. For more information, please visit our website at www.colonialfirststate.com.au

1 CHOSEN FUND DETAILS

| | |
|--|---|
| Fund name | Colonial First State FirstChoice Employer Super |
| Membership number | <input type="text"/> |
| Account name | <input type="text"/> |
| Fund Australian Business Number (ABN) | 26458298557 |
| Unique Superannuation Identifier (USI) | FSF0361AU |
| Fund contact | employer@colonialfirststate.com. |

2 I REQUEST THAT ALL FUTURE EMPLOYER CONTRIBUTIONS ARE TO BE MADE TO THE FUND SPECIFIED ABOVE IN SECTION 1

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

Give this form to your employer. Do not send this form to Colonial First State.

EMPLOYER USE ONLY

Date accepted / / Date processed / /

Fund compliance statement

This information is for your employer only – they need this to complete your request to pay contributions to FirstChoice Employer Super.

FirstChoice Employer Super is issued from a complying, resident, regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993. Colonial First State has never received a written notice directing it not to accept contributions made by an employer. FirstChoice Employer Super can accept contributions from any employer. For further information about the types of contributions that can be made to FirstChoice Employer Super and the eligibility conditions that apply, please refer to the Product Disclosure Statement available at colonialfirststate.com or by calling us on 1300 654 666.

Colonial First State Investments Limited ABN 98 002 348 352, AFS Licence 232468 (Colonial First State) is the issuer of investments in FirstChoice Employer Super from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557. A Product Disclosure Statement (PDS) is available from our website colonialfirststate.com.au or by calling 1300 654 666. This form is not advice. It provides general information only and does not take into account your individual objectives, financial situation or needs. You should read the PDS and assess whether the information is appropriate for you and consider talking to your financial adviser before making an investment decision.