

Superannuation Choice Form



Please return this completed form to your employer

Your employee has chosen to have their super contributions paid into Raiz Invest Super. Please ensure their details are updated with the following information and that all future super contributions for this employee are paid to Raiz Invest Super.

Section 1: Personal Details

Surname:

Given name(s):

Section 2: Fund Details

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

Fund name:

Raiz Invest Super

Member Number

ABN:

30 099 320 583

USI:

30 099 320 583 010

Fund Phone Number:

1300 754 748

Employer Records (Employer Use Only)

This section must be completed by the employer after the employee returns the completed form to you.

Date employee's request accepted

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DD

MM

YYYY

Date employee's request actioned

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DD

MM

YYYY