

# **Choosing Nationwide Super Form**

Use this form to have your future contributions paid to the Nationwide Super Division of the Russell Investments Master Trust (the Fund) by your employer or to make additional super contributions from your before-tax or after-tax salary. Print clearly in BLOCK LETTERS.

This form can be used instead 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 ato.gov.au/super for more information.

1. Chosen fund details										
I request that all future eligible employer contributions are made to my Nationwide Super account.										
Fund name	Fund telephone									
Nationwide Super, a division of the Russell Investments Master Trust	1800 025 241									
Australian Business Number (ABN)	Unique Superannuation Identifier (USI)									
89 384 753 567	TRM0001AU									
2. Personal details and signature										
Member surname										
Member first name(s)										
Your Tax File Number (TFN) <sup>†</sup>	Member number (if applicable)									
Member signature	Date (DD MM YYYY)									

<sup>†</sup> You are not legally required to quote your TFN. However, we will not accept your after tax contributions and you may be taxed at a higher rate if no TFN is received.

IN PREPARING THIS FORM THE TRUSTEE HAS NOT TAKEN INTO ACCOUNT THE INVESTMENT OBJECTIVES, FINANCIAL SITUATION AND PARTICULAR NEEDS (FINANCIAL CIRCUMSTANCES) OF ANY PERSON. ACCORDINGLY, BEFORE MAKING A DECISION, YOU SHOULD READ THE CURRENT PRODUCT DISCLOSURE STATEMENT AND SEEK ADVICE TAILORED TO YOUR OWN FINANCIAL CIRCUMSTANCES. TOTAL RISK MANAGEMENT PTY LIMITED ABN 62 008 644 353, AFSL NO. 238790, TRUSTEE OF THE RUSSELL INVESTMENTS MASTER TRUST. NW\_F\_GEN\_CHOICE\_V1F\_2009

## 3. How employers can make contributions (this information is for your employer)

Options to submit and pay your super contributions	What you need to do					
Existing clearing house	You'll need this information to pay contributions into your employee's super account.					
	Fund name: Russell Investments Master Trust					
	ABN: 89 384 753 567					
	USI: TRM0001AU					
Online EmployerAccess account	Step 1: Log in to your account.					
	Step 2: Enter the contribution details directly or upload your payroll file.					
	Step 3: Make a payment via BPAY <sup>®</sup> using the below information.					
	Biller Code: 185900					
	<b>Customer Reference Number:</b> Your unique Employer customer reference number is available online via your Employer Access account.					
Small Business Superannuation Clearing House	If you're a small business with 19 or fewer employees, you have access to the Small Business Superannuation Clearing House—a free online superannuation payment service to help you meet your Superannuation Guarantee obligations. Please call 1300 660 048, email SBSCHenquiries@sbsch.gov.au or visit ato.gov.au					

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## 4. Other information

### Complying fund statement

The Russell Investments Master Trust is a complying resident regulated superannuation fund within the meaning of the *Superannuation Industry* (*Supervision*) *Act 1993*. The Trustee of the Fund has not received a notice of non-compliance from the Australian Prudential Regulation Authority (APRA) or notice directing the Fund not to accept employer contributions.

#### **Contribution acceptance**

The Russell Investments Master Trust will accept employer and personal contributions into the Fund. Your employer does not need to be a participating or sponsoring employer. Electronic contributions must be made to a member's unique account number. The Fund is also authorised to accept contributions for employees who do not choose their own fund under the Federal Government's MySuper arrangements.

#### Other information

Our Trust Deed allows benefits to be transferred to the Russell Investments Master Trust. Members can only receive preserved benefits from our Fund on their retirement after preservation age or after meeting a registered condition of release.

Please return this form to your employer's Human Resources or Payroll Department.

Employer use only (DD MM YYYY)											
Date received:					Date processed:						