

Choice of Superannuation Fund

All ordained clergy have their superannuation contributions paid to the AMP SignatureSuper Fund (to Anglican National Super fund) through the Parish Cost Recovery (PCR) system. Under the terms of the Sydney Diocesan Superannuation Fund Amendment Ordinance 2005 (Ordinance), all ordained clergy are able to nominate an 'Alternate Fund' of their choice for PCR superannuation contributions paid after this date.

If you wish to exercise this choice there are some requirements specified in the Ordinance which must be adhered to:

- The Alternate Fund nominated **must** be a complying superannuation fund. This can be evidenced by a letter from the trustee stating that the Alternate Fund is a complying fund, and (for a self managed superannuation fund) a copy of documentation from the Australian Tax Office confirming that the Alternate Fund is regulated.
- 2. The 'Choice Notice' **must** be in writing, providing all of the details on the attached form 'Notice of Choice of Superannuation Fund under clause 12A' **and** include the attachments specified.
- 3. The 'Choice Notice' **must** include either the Fund ABN or the Fund SPIN. Payment to your Fund of choice cannot be made if we do not have either of these numbers.
- 4. Only one Choice Notice may be given in each 12 month period **and** only one Alternate Fund can be specified in a Choice Notice.

From the month following the receipt of your completed Choice Notice and attachments, we will apply all future PCR superannuation contributions to your Alternate Fund.

Choice Notices and attachments are to be sent to:

Parish Support Services Sydney Diocesan Secretariat PO Box Q190 QVB Post Office NSW 1230

If you have any further queries please contact Parish Support Services on 9265-1560 or email clergyservices@sydney.anglican.asn.au

Last modified: 31/07/2013



Sydney Diocesan Superannuation Fund Ordinance 1961

NOTICE OF CHOICE OF SUPERANNUATION FUND under clause 12A ('Choice Notice')

I request that all future contributions on my behalf payable under clause 12 of the Sydney Diocesan Superannuation Fund Ordinance 1961 be made to -

Super Fund Name:			
Super Fund Address:			
Super Fund Tel No:			
Super Fund Australian Business Number (AB		s Number (ABN):	
Superannuation Product Identification No (SPIN): (if known)		ification Number	
Super Fund Bank A/c Details: (for contribution payments)		BSB No:	
		A/c No:	
		Bank Name:	
		Branch:	
		Account Name:	
Super Fund Member Nu (if applicable)	ımber:		

I have attached -

- (a) a letter from the trustee stating that this fund is a complying fund and (for a self managed superannuation fund) a copy of the documentation from the Australian Tax Office confirming that the fund is regulated, and
- (b) written evidence from the fund that they will accept contributions on my behalf, and
- (c) details about how contributions to the fund are to be made **if not by direct credit**.

Name:	
Signature:	
Date:	