



MOP(S) ACT EMPLOYEE'S

SUPERANNUATION OPTIONS

This form asks you to make a choice about the superannuation fund to which you would like your employer superannuation contributions made. Information on the options available to MOP(S) employees is on the Ministerial and Parliamentary Services website at www.maps.finance.gov.au

If you require advice on the most suitable option to meet your personal superannuation needs, please consult a licensed financial adviser. MaPS is unable to provide this advice.

Information regarding superannuation is available from the Australian Taxation Office website at www.ato.gov.au

Returning your completed form:

Scan and Email to: MOPSPay&Conditions@finance.gov.au
Ministerial and Parliamentary Services

Enquiries: Ministerial and Parliamentary Services

Email: mpshelp@finance.gov.au
Phone: (02) 6215 3333

EMPLOYEE DETAILS

▶ Full name

EMPLOYER DETAILS

▶ Employer name
▶ Employer state

SUPERANNUATION DETAILS

▶ STEP ONE

Are you a current contributing member of the Commonwealth Superannuation Scheme (CSS)?

No ▶ Go to **STEP TWO** below

Yes ▶ You are required to continue membership of the CSS (subject to meeting the eligibility requirements)

Please provide your membership (AGS) number

For further information on the CSS please visit www.csc.gov.au or contact the Commonwealth Superannuation Corporation (CSC) on 1300 000 277.

▶ Go to **SIGNATURE** on page 3

▶ STEP TWO

Are you a current contributing member of the Public Sector Superannuation Scheme (PSS), or do you have a deferred benefit in the CSS or a preserved benefit in the PSS, or are you receiving a CSS or PSS invalidity pension?

No ▶ Go to **STEP THREE** on page 2

Yes ▶ Please select one of the following two options:

▶ I wish to recommence/continue membership of the relevant scheme: CSS PSS

Please provide your membership (AGS) number

Employees who are not currently contributing members of the CSS or PSS will need to complete the relevant CSC form(s):

CSS: <https://www.csc.gov.au/Employers/News-and-publications/Forms/>

S20-CSS Application to become an eligible employee of CSS

PSS: <https://www.csc.gov.au/Members/Advice-and-resources/Forms/pss/>

SE4 Your election to become a member

CMAPS Confidential Medical and Personal Statement (CMAPS)

Your election to recommence membership of the relevant scheme may not be effective until the form(s) are received by MaPS.

For further information on the CSS and PSS please visit www.csc.gov.au or contact CSC on 1300 000 277 (CSS members) or 1300 000 377 (PSS members).

▶ Go to **SIGNATURE** on page 3

OR

▶ I **do not** wish to recommence/continue membership of the CSS/PSS

You are required to **complete STEP THREE** to provide the details of your chosen complying superannuation fund or retirement savings account. The employer contribution to the selected fund will be **15.4%** of your ordinary time earnings for employees covered by the *Commonwealth Members of Parliament Staff Enterprise Agreement 2020–23*. Unless you opt out of the PSS you are not eligible to join the Public Sector Superannuation accumulation plan (PSSap), with the exception of casual MOP(S) Act employees with a deferred benefit in the CSS.

▶ Go to **STEP THREE** on page 2

▶ CONTINUED OVERLEAF

► **STEP THREE – Choose your superannuation fund for employer contributions**
Select ONE of the following three options (A, B or C)

The choice of superannuation fund is limited to those funds that allow employee and employer contributions to be paid fortnightly through electronic funds transfer, and in accordance with the SuperStream standard.

- Your employer is not required to accept your choice of fund if you have not provided the required documents and information.
- The employer superannuation contribution to your nominated fund or the Public Sector Superannuation accumulation plan (PSSap) will be 15.4% of your ordinary time earnings for employees covered by the *Commonwealth Members of Parliament Staff Enterprise Agreement 2020–23* in accordance with the Superannuation Guarantee (Administration) Act 1992.
- You may elect to have your employer superannuation contributions made to the PSSap or a different complying APRA fund (fund regulated by the Australian Prudential Regulation Authority), a retirement savings account (RSA), or a self managed super fund (SMSF) at any point during your employment. Employer superannuation contributions made to the PSSap may also be transferred to another complying APRA fund, RSA or SMSF at any time (please note the fund may charge employees a fee to transfer contributions).
- If you do not make a choice, employer superannuation contributions will be made to the PSSap.

Superannuation Allowance

Eligible ongoing employees may elect to be paid an allowance in exchange for a lower employer superannuation contribution. This arrangement is available to ongoing employees whose employer superannuation is paid under the *Superannuation Guarantee (Administration) Act 1992* (i.e. not CSS, PSS or PSSap members).

A - I wish to nominate the **Public Sector Superannuation accumulation plan (PSSap)**.

(The PSSap is the default fund for employer superannuation contributions for MOP(S) Act Employees.)

Further information on the PSSap, including the Product Disclosure Statement which contains important information concerning your superannuation entitlements, may be found at www.csc.gov.au or by contacting CSCon 1 300 725 171.

► Go to **SIGNATURE** on page 3

B - I wish to nominate an **APRA regulated fund or RSA**.

Complete this section if you are nominating your own APRA fund (fund regulated by the Australian Prudential Regulation Authority) or a retirement savings account (RSA).

You must include the unique superannuation identifier (USI) provided by your fund.

You will need current details from your APRA regulated fund or RSA to complete this section.

Fund ABN

Fund name

Fund address

Suburb/Town

State

Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

Required documentation

You must attach a letter from the fund trustee or RSA provider confirming that the fund or RSA:

- is a complying fund or RSA, and
- will accept payments from your employer.

This letter may contain other information to help your employer make super contributions using the SuperStream standard.

I have attached the required documentation.

► Go to **SIGNATURE** on page 3

C - I wish to nominate a **Self Managed Super Fund**.

Complete this section if you are nominating a self managed super fund (SMSF). You must include your SMSF's ABN, bank account details and electronic service address (ESA), so the fund can receive electronic messages and payments from your employer using SuperStream.

You will need current details from your SMSF trustee fund to complete this section.

Fund ABN

Fund name

Fund address

Suburb/Town

State

Postcode

Fund phone

Fund Electronic service address (ESA)

Fund bank account:

Branch number (BSB)

Account number

Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer:

I have attached the required documentation.

► Go to **SIGNATURE** below

SIGNATURE

► By signing this form, I acknowledge that:

- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
- I have read and understood the Privacy Collection Notice (see below).

Signature of Employee

Date

[Please print and sign this form](#)