

# Superannuation Fund Nomination Form (A)

Personal Details			
Surname	<input type="text"/>	First Name	<input type="text"/>
Phone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

Under the Superannuation Guarantee Act 1992 Northern Health is required to contribute to a complying superannuation fund on the behalf of each employee an amount of 9.50% based on an employee's "superable salary".

As an employee of Northern Health you can elect to have superannuation directed to one of the two funds; First State Super or Hesta.

Details of fund can be obtained from First State Super on 1800 331 719 or Hesta on 1800 813 327.

If you fail to indicate below which superannuation fund you want payments to be made to.

Super Fund Choice			
<input type="checkbox"/> First State Super	<input type="text"/>	Member Number (if known)	<input type="text"/>
<input type="checkbox"/> Hesta	<input type="text"/>	Member Number (if known)	<input type="text"/>

If you are not already a member, a member number will be allocated by the fund and details sent to you directly. Please note: If you are currently in a defined benefit scheme and are considering directing Superannuation Guarantee payments to Hesta or First State we recommend you check with your current fund before making any changes.