

Super Choice fund nomination form

This form can be used instead of completing 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 financial planner, employer or visit www.superchoice.gov.au for more information.

1. Chosen fund details

Fund Name	The Portfolio Service Retirement Fund – Super Essentials
Account Name (first name and surname)	<input type="text"/>
Fund Australian Business Number (ABN)	92 861 884 632
Super Product Identification Number (SPIN)	ACU0017AU
Fund Contact	1800 221 151

2. Chosen fund payment methods

Your employer can use one of the following payment methods to pay superannuation contributions on your behalf.

Cheque

Please provide with cheques a statement of the contribution type for each payment and information that identifies the recipient account, including fund name and member name (as shown in section 1).

Make cheque payable to Questor Financial Services Limited atf TPS Retirement Fund

Send cheques to Questor Financial Services Limited
Locked Bag 4004, Queen Victoria Building NSW 1230

or

Direct credit

Note that employers can use this payment method **only** if the employer has submitted The Portfolio Service employer contribution registration form. This form is available at <http://www.theportfolioservice.com.au>

Both a contribution details schedule and a contribution breakdown schedule must be provided with **every** employer contribution.

These schedules are available at <http://www.theportfolioservice.com.au>

Account name	TPS Retirement Fund
BSB	082-401
Account number	560090737

3. I request that all future employer contributions are to be made to the fund specified above

Employer name

Employee name

Employee no. (if applicable)

Signature

Date

Give this form to your employer. Do not send this form to The Portfolio Service Retirement Fund.

EMPLOYER USE ONLY

Date accepted:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date processed:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide this letter to your employer with the fund nomination form

01 October 2010

To whom it may concern

The Portfolio Service Retirement Fund – Super Essentials Plan Superannuation Product Identification Number ACU0017AU

Contact details

Fund name: The Portfolio Service Retirement Fund – Super Essentials Plan (the Fund)
Postal address: Questor Financial Services Limited, Locked Bag 4004, Queen Victoria Building NSW 1230
Phone: 1800 221151

Complying fund statement

The Fund is a complying superannuation fund and a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993, and the trustee of the Fund has not received a written notice directing the trustee not to accept any contributions made to the Fund by an employer-sponsor.

Contribution acceptance

The Fund accepts all contribution types, including Superannuation Guarantee contributions from any employer on an employee's behalf.

Payment methods

The methods for payment of Superannuation Guarantee contributions to the Fund are set out in the attached Fund Nomination Form.

Yours faithfully



Christopher F Kelaher
Managing Director
on behalf of the Fund's trustee, Questor Financial Services Limited