

Tax file number (TFN) notification - Superannuation

Your TFN is confidential and you should know the following before you decide to provide your TFN:

- We are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993 (Cth).
- Your TFN will be used for lawful purposes only. Your TFN may be disclosed to the ATO and another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to other trustees. These purposes may change in the future.
- Quotation of your TFN is voluntary and it is not an offence for you not to quote it. However, if you choose not to quote your TFN and have not claimed an exemption from quoting it:
 - your fund may be taxed at the highest marginal tax rate plus the Medicare levy on concessional contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account
 - tax may be withheld at the highest marginal tax rate plus Medicare levy from the taxable component of any superannuation lump sum benefit
 - you will not be able to make non-concessional contributions to the fund.
- These consequences may change in the future.
- Choosing to quote your TFN will also make it easier to keep track of your superannuation benefits in the future.

1. Personal details

Title	Surname	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential address			
<input type="text"/>			
Suburb/town	State	Postcode	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (business)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Male	Female	My tax file number is	Date of birth (dd/mm/yy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature			Date
<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>