## Tax File Number Notification Form



Section 1: Per	sonal details					
Surname:				Salutation:		
Given name(s):				Date of birth:		
Postal address:						
Suburb:			State:	F	Postcode:	
Telephone (BH):		(AH):		Mobile:		
Email:				Membership	number:	
Section 2: You	r Tax File Number (1	ΓFN)				
I agree to provide I do not agree to Under the Superannua used for lawful purpose These purposes may be your TFN to another subsuperannuation fund It is not an offence no (which may not other or Your superannuation). The tax on contribution of the tax benefits; and	e my Tax File Number:  p provide my Tax File Number ation Industry (Supervision) A ses.  change in the future as a resurperannuation provider, where in writing that your TFN not be to quote your TFN. However (wise apply):  on fund will be able to acceputions to your superannuation that may ordinarily apply, no	ct 1993, your superoult of legislative chase your benefits are be disclosed to any agiving your TFN to you tall types of contributed account/s will not additional tax will be	inge. The trustee of peing transferred, of their superannuation superannuation of their superannuation of their superannuation of their superannuations to your according to the superannuation of their superannuations to your according to the superannuation of their superannuations of their super	f your superannuati unless you request to ion provider. on fund will have the count/s; on you start drawing	ion fund may disclose the trustee of your e following advantages your superannuation	/ be
Section 3: Dec	claration					
If I do provide my I benefits where oth purposes and pro I am under no obl If I do not provide surcharge. It may superannuation a change in the future.	FN, it will only be used for pur ier information is insufficient, o viding information to the Com- igation to provide my TFN and my TFN, I may pay more tax o also be more difficult to admi occounts, or if I have insufficier ure. it will be passed on to the tru	calculating tax on a nmissioner of Taxation declining to quote n my benefits than nister my benefit if y nt identification to c	any benefit I may bon. These purpose on TFN is not an I have to and I also you do not have melaim or enquire al	be entitled to, for sup is may change in th offence. o may have to pay ny current address, i bout my benefits.Th	perannuation surcharge the future.  the superannuation of I wish to amalgamate mese consequences may	ηy

over in the future, unless I indicate otherwise on this form. It may also be given to the Australian Taxation Office if required, for

The Fund is authorised to collect my TFN under the Superannuation Industry (Supervision) Act 1993 and is governed by the Privacy

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Act.

Signature:

example if I have unclaimed monies.

Date: