

# TAX FILE NUMBER QUOTATION FORM



Collection of the tax file numbers is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. The tax file number law requires trustees to ask you to provide your tax file number to your superannuation fund. By completing this form and providing it to your fund you will allow your fund trustee to use your tax file number for the purposes contained in the Superannuation Industry (Supervision) Act 1993 and when paying superannuation lump sums.

The purposes currently authorised include:

- taxing superannuation lump sums at concessional rates;
- finding and amalgamating your superannuation benefits where insufficient information is available;
- passing your tax file number to the Australian Taxation Office and, unless you instruct the trustee in writing not to do so, allowing the trustee of your superannuation fund to provide your tax file number to the trustee of a superannuation entity or retirement savings account provider receiving any benefits you may transfer. Other wise, your tax file number will be treated as confidential.

You are not required to provide your tax file number. Declining to quote your tax file number is not an offence. However, if you do not give your superannuation fund your tax file number, either now or later:

- you may pay more tax on your superannuation benefits than you have to (you may be able to claim this back at the end of the financial year in your income tax assessment);
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate any multiple superannuation accounts; and
- after-tax contributions may not be accepted.

The lawful purposes for which your tax file number can be used and the consequences of not quoting your tax file number may change in future as a result of legislative change.

For more information, please contact us. Alternatively, you can contact the Australian Taxation Office Superannuation Helpline on 13 10 20

Your surname:

Your given name(s):

Policy number:

My Tax File Number is:  Date of birth  /  /

## Declaration

I certify that to the best of my knowledge all information given on this form is true and correct and that to be accepted by the Trustee my notification must pass a validation check. Other forms of notification may not be accepted.

Member signature  Date  /  /

Provision of your tax file number is extremely confidential. To ensure that your privacy is maintained please forward the completed form directly to us.