Tax File Number Notification Form

Please complete the sections below and return to: PO BOX 666, CARLTON SOUTH VIC 3053





i First Super is required by law to ask you to provide your Tax File Number for superannuation and taxation purposes.

Please complete this form with BLOCK LETTERS and a blue or black pen.. You should read the Privacy Collection Statement below and the Privacy Policy at **www.firstsuper.com.au/privacy-policy**.

Section	1 – Your personal detai	ls		
Title	First Super Member num	nber (if known)	Date of birth (DD)	/MM/YYYY)
Surname			//	/
Given name(s)			
Residential a	address			
Town/Suburb/City			State	Postcode
Postal addre	ess (if different from above)			
Town/Suburb/City			State	Postcode
Telephone (home) Tele		elephone (work)	Mobile number	
Email				
Section	2 – Fund details			
Fund name		Fund address		
First Super		PO Box 666, Carlton South V	C 3053	
Member Ser	vices Telephone No.			
1300 360 98	38			

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Section 3 - TFN declaration

I elect to provide my TFN and declare it is:

— — — —

You are not legally required to provide us with your TFN, however, if you choose NOT to provide it the consequences may include:

- You may be taxed at the highest marginal rate plus the Medicare Levy (this my be recovered after lodgment of your tax return)
- > A superannuation surcharge may be payable on taxable contributions paid by you. This is in addition to the 15% tax currently applicable on taxable superannuation contributions
- > Some of your contributions may be directed to the Australian Taxation Office.

Under the Superannuation Industry (Supervision) Act 1993, First Super is authorised to collect your TFN to use only for lawful purposes including:

- > Advising the Commissioner of Taxation for taxation purposes
- > Calculating tax on an Eligible Termination Payment you may be entitled to

- Assisting the search for and consolidating superannuation benefits where the data is insufficient
- > Advising the Commissioner of Taxation of any unclaimed monies
- > Advising the Australian Taxation Office if no contributions have been received for a period of 16 months and your fund is unable to confirm your address. In these circumstances you are assumed to be a lost member.

These purposes may change in the future as a result of legislative change.

If you provide your TFN it may be disclosed to the trustee of another superannuation entity if your benefits are transferred or rolled over in the future, unless you advise us in writing that you do not want us to do that.

Otherwise your TFN will be treated as confidential. For further information on our Privacy Policy, please call our Member Services Team on 1300 360 988 or visit firstsuper.com.au.

Section 4 - Declaration

By signing below I acknowledge that I have read and understood the statements in this form and I authorise the Trustee of First Super to use my TFN for the purposes advised to me above.

Date (DD/MM/YYYY)

Please return this completed Form by

Mail First Super PO Box 666

Carlton South, VIC 3053

OR

Email forms@firstsuper.com.au

Want to know more? We're here to help.

Call 1300 360 988

Email mail@firstsuper.com.au **Website** firstsuper.com.au

First Super Pty Ltd ABN 42 053 498 472, AFSL No. 223988. As Trustee of First Super ABN 56 286 625 181. November 2019.

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