

## Tax file number collection

Use this form if you would like to provide your tax file number (TFN) to First State Super.

### What can we do with your TFN?

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other trustee.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Otherwise your TFN will be treated confidentially.

### Privacy notice

The information you provide in this form is collected by and held for First State Super by the fund administrator, Pillar Administration in accordance with the National Privacy Principles of the *Commonwealth Privacy Act*. For further information about privacy, contact Customer Service on 1300 650 873 or visit [www.firststatesuper.com.au](http://www.firststatesuper.com.au) to view the Privacy Plan.

## Personal and tax file number details

Please print clearly in black ink.

Member number (if a member)	Title (Mr Mrs Ms Miss Dr)	Male	Female	Birth date
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Family name	<input type="text"/>			
Given name/s	<input type="text"/>			
Fund name	F I R S T   S T A T E   S U P E R			
Tax file number	<input type="text"/>			Daytime contact telephone number
<input type="text"/>	<input type="text"/>			<input type="text"/>

## Declaration

I have read the information on this form and consent to providing my TFN for the legal purposes stated.


**Name** (Print in BLOCK LETTERS)

**Signature**

**Date**



**Return the completed form to First State Super PO Box 1229 WOLLONGONG NSW 2500**  
For more information about your TFN contact the **ATO Superannuation Hotline on 13 10 20.**

 **If you need help with this form:** Contact Customer Service Centre between 8:30 am and 5:30 pm AEST from Monday to Friday on **1300 650 873**