



Tax File Number Collection Form

IMPORTANT

This form is provided to members who wish to quote their Tax File Number. The form is designed to meet the requirements of the Australian Taxation Office. Please use BLOCK letters and black ink when completing this form. This request will be invalid if not completed, signed and dated.

1. Member Details

Member Number [] Tax File Number * (TFN) []

Current Details

Surname * [] Given names * []
Title * Mr [] Mrs [] Ms [] Miss [] Other []
Address * [] Contact Number []
Date of Birth * []
Email address []
State * [] Postcode * []

* Required Fields

We are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993.

Your TFN will be used for legal purposes only. This may include finding or identifying your superannuation payments and providing information to the ATO.

The purposes for which TFNs are used may change in the future as a result of legislative change.

You are not obligated to provide your TFN, however if you do not provide your TFN you may be subject to higher Tax (No-TFN Tax), than you would otherwise pay on your contributions and benefit payments, although this may be reclaimed through the assessment process.

Please be advised that non-concessional member contributions will be returned to you or your employer if your TFN is not provided to our Fund from the 1st July 2007.

The Trustee will not pass your TFN to any other superannuation fund provider if you tell the Trustee in writing that you don't want them to pass it on.

2. Privacy Acknowledgement

I acknowledge that the Trustee is bound by the Privacy Amendment (Private Sector) Act 2000 and that this information is being collected for purposes, use and disclosure only in accordance with the Act as reflected in the Trustee's Privacy Policies and Procedures.

[x] Member Signature

[] Date Signed (dd/mm/yyyy)

Please return this completed form to:
Australian Christian Superannuation
PO Box 3401
ALBURY NSW 2640