

Tax File Number notification

Complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following **X**. Start at the left of each answer space and leave a gap between words.

Please phone us on **1800 023 928** with any questions about this form.

Providing your Tax File Number

Under the *Superannuation Industry (Supervision) Act 1993*, the trustee of Commonwealth Bank Group Super is authorised to collect your Tax File Number (TFN). It is not an offence to choose not to provide your TFN.

Implications of not providing your TFN

- Employer contributions to your account may be taxed at the top marginal tax rate plus the medicare levy instead of the normal concessional tax rate.
- We cannot accept any non-concessional or personal contributions to your account (if ordinarily allowed for your type of membership).
- More tax may become payable on your benefits than would otherwise be payable.
- You may not receive any government super contribution that you may be entitled to.
- It may become more difficult to locate or consolidate your super benefits in the future to ensure you receive all benefits you are entitled to.

Use of your TFN in the fund

If we hold your TFN, we will use it only for legal purposes. We may provide your TFN to another super fund trustee or retirement savings account provider if your benefits are to be transferred, unless you request us not to do so in writing. In all other respects we will treat your TFN as confidential. In addition, if you consent below, we may use your TFN to seek information about your super accounts from the Australian Taxation Office (ATO) using the ATO's SuperMatch program or other facility provided by the ATO. Refer to your Member Booklet for more information on the use of your TFN.

Please note that the legal purposes for using a TFN may change in the future if laws change and the consequences of not providing the TFN may also change.

1. MEMBER DETAILS

Account or member number

Title Mr Mrs Miss Ms Other

Full given name(s)

Surname

Postal address

Unit number Street number PO Box Street name

Suburb State Post code

Daytime phone number

Date of birth

2. YOUR TAX FILE NUMBER

My TFN is:

By completing, signing and returning this form, I understand that I am consenting to the use and disclosure of my TFN as set out in my Member Booklet.

Signature

Date

Please send this completed form (original or copy) to:

Mail: Commonwealth Bank Group Super, GPO Box 4303, Melbourne VIC 3001 or Fax: (02) 9303 7700

