

Tax file number

Providing your TFN by post



PRIVACY AND YOUR TAX FILE NUMBER

We are authorised to collect your Tax File Number (TFN) under the *Superannuation Industry (Supervision) Act 1993*, the *Privacy Act 1998* and tax laws. You do not have to provide us with your TFN. If you do, we will record it and use or disclose it only for the following lawful purposes (which may change). We may provide your TFN and other personal information collected in this form to another trustee of a superannuation fund or provider of a Retirement Savings Account on transfer of your benefit (unless you tell us not to); to any government body that collects Unclaimed Moneys if we are unable to pay your benefit when you are eligible to receive it; or to the Australian Taxation Office ("ATO") (amongst other things to assess any surcharge payable). We may use your TFN to identify and consolidate your benefits in Health Super if other identifying information is insufficient. Otherwise, your TFN will be treated confidentially.

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

- Health Super will be able to accept all types of contributions to your accounts
- 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
- it will make it much easier to trace different superannuation accounts in your name so that you will receive all your superannuation benefits when you retire.

PRIVACY:

We collect your personal information for purposes detailed in Privacy Statements in Health Super's Member Guide (Product Disclosure Statement) we have sent you. To find out more, read our Privacy Policy on healthsuper.com.au. If you would like a copy, or if you would like to access or update the personal information we hold about you, please contact Health Super's Privacy Officer on 1800 331 719.



The completed, original and signed form should be sent to our postal address:
Health Super Pty Ltd, Locked Bag 2900, COLLINS STREET WEST VIC 8007

Your details

Your 7 or 8 digit Health Super member number

Tax file number

*Given name(s)

Mr Ms Mrs Miss Dr Other (specify)

*Surname

*Date of birth

*Residential address

City/Town

State

Postcode

Phone number (BH)

Phone number (AH)

Mobile

Email address

*Indicates mandatory fields.

Tip: When supplying Health Super with new or updated details, please ensure you provide the following:

- your full name with no initials, including given name(s) and surname
- your full residential address, (PO Boxes will not be accepted)
- your date of birth.

Sign and date

I declare that the information given in this application is correct to the best of my knowledge.

Signature

Date

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675).

