



Read this first!

Please complete all the boxes on the form. It enables us to identify you, and tells us where we can contact you.

Contact details

A contact phone number is required, in case we need to contact you.

Why should I supply my TFN?

You do not have to provide your Tax File Number (TFN) and it is not an offence if you choose not to. However, with the Budget Tax changes effective from 1 July 2007, if we do not have your TFN:

- MilitarySuper will not be able to accept your ancillary after-tax contributions;
- MilitarySuper will accept your ancillary salary sacrifice contributions but they will be taxed at the top marginal tax rate;
- The DFRDB Authority or the MilitarySuper Board may not be able to locate and amalgamate your benefits in the Fund; and
- Benefits paid to you may be subject to a higher rate of tax, unless your TFN is later provided by you. The additional tax may be reclaimed through the income tax assessment process.

The consequences for choosing not to provide your TFN may change in line with future legislative change.

About reporting your TFN

We can accept your TFN details over the phone or you can complete this form and return it to us.

We are required by law to properly safeguard your TFN and will only use it for purposes specified under the law. These include:

- providing advice to the ATO for taxation purposes; and
- searching for or amalgamating superannuation benefits within DFRDB.

This information will also be provided to our administrator ComSuper, for the purpose of administering your superannuation.

Your information will not be used for any other purpose or disclosed to another party, unless:

- you authorise us to do so;
- it is required by Law.

A full copy of our privacy policy is available at www.dfrdb.gov.au or by calling us on 1300 001 677.

Hints for using this form:

- Read each section of the form carefully before filling it in
- Use Capital Letters and a Black Pen
- Sign your name where needed. If you don't sign the form, it will be returned to you.

Your details

Reference (Service) number	<input type="text"/>
Title	<input type="text"/>
Surname	<input type="text"/>
Given name/s	<input type="text"/>
Your date of birth	<input type="text"/>
Contact phone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tax File Number (TFN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SIGNATURE	DATE
<input type="text"/>	DAY MONTH YEAR
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>