





## 6. Investment selection

Make your investment choice by selecting from the following investment options. You may select a maximum of 20 investment options at any time. **If your investment selection is incomplete or unclear, your funds will be placed into Suncorp WealthSmart's default investment option, the Suncorp Balanced Portfolio.**

Please refer to the investment information in the Suncorp WealthSmart Personal Super and Pension PDS and the Suncorp WealthSmart Product Guide before selecting an investment option. For some investment options, a PDS is issued by the underlying manager, free of charge. You can download copies from our website or ask us for a printed version. Before you make an investment choice you should consider the relevant investment manager's PDS.

Is your initial investment selection the same as your pension payment strategy?

Yes, complete column A only     No, complete both column A and B

If you don't select a pension payment strategy, your pension payments will be taken proportionally across your investments.

Investment option	A Initial Investment Selection	B Future Investment Selection
<b>Diversified investment options</b>		
<b>Secure</b>		
Suncorp Secure Portfolio .....	%	%
<b>Conservative</b>		
Suncorp Conservative Portfolio .....	%	%
Suncorp Universal Capital Stable Fund .....	%	%
<b>Balanced</b>		
Suncorp Balanced Portfolio .....	%	%
Suncorp Universal Balanced Fund .....	%	%
<b>Growth</b>		
Suncorp Growth Portfolio .....	%	%
Suncorp Universal Growth Fund .....	%	%
<b>High growth</b>		
Suncorp High Growth Portfolio .....	%	%
<b>Single sector investment options</b>		
<b>Cash</b>		
Suncorp Cash Fund .....	%	%
Suncorp Guaranteed Cash Fund .....	%	%
<b>Australian fixed interest</b>		
Tyndall Australian Bond Fund .....	%	%
Vanguard® Australian Fixed Interest Index Fund .....	%	%
<b>International fixed interest</b>		
Vanguard® International Fixed Interest Index Fund (Hedged) .....	%	%
<b>Diversified fixed interest</b>		
Macquarie Diversified Fixed Interest Fund .....	%	%
<b>Diversified income</b>		
Colonial First State Global Credit Income Fund .....	%	%
<b>Australian property</b>		
RREEF Paladin Property Securities Fund .....	%	%
Vanguard® Property Securities Index Fund .....	%	%
<b>International property</b>		
Vanguard® International Property Securities Index Fund (Hedged) .....	%	%
<b>Australian shares</b>		
Ausbil Australian Active Equity Fund .....	%	%
BT Wholesale Imputation Fund .....	%	%
Fidelity Australian Equities Fund .....	%	%
Ibbotson Australian Shares Active Trust .....	%	%
Perennial Growth Shares Wholesale Trust .....	%	%
Perpetual Wholesale Industrial Fund .....	%	%
Suncorp Australian Shares Fund .....	%	%
Tyndall Australian Share Wholesale Portfolio .....	%	%
Vanguard® Australian Shares Index Fund .....	%	%
<b>Australian shares – specialist</b>		
Ausbil Australian Emerging Leaders Fund .....	%	%
Perpetual Wholesale Geared Australian Fund .....	%	%
Tyndall Australian Share Income Fund .....	%	%
Zurich Investments Equity Income Fund .....	%	%
<b>International shares</b>		
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund .....	%	%
Platinum International Fund .....	%	%
Suncorp Global Shares Fund .....	%	%
Vanguard® International Shares Index Fund .....	%	%
Walter Scott Global Equity Fund .....	%	%
<b>International shares – specialist</b>		
BlackRock Global Allocation Fund .....	%	%
Colonial First State Global Resources Fund .....	%	%
Lazard Global Small Cap Fund .....	%	%
<b>Closed investment options*</b>		
<b>Diversified investment options</b>		
<b>Secure</b>		
Suncorp Traditional Capital Guaranteed Fund .....	%	%
<b>Conservative</b>		
Suncorp Traditional Capital Stable Fund .....	%	%
<b>Balanced</b>		
Suncorp Traditional Balanced Fund .....	%	%
<b>Growth</b>		
Suncorp Traditional Growth Fund .....	%	%
<b>High growth</b>		
Suncorp Traditional High Growth Fund .....	%	%
<b>Total</b>	1   0   0   %	1   0   0   %

\* Only available to members currently invested in these options.

## 7. Pension payment details

Please pay my pension:  Monthly  Quarterly  Half-yearly  Yearly

Please pay my first pension payment on   /   /

### Annual pension payment – please select one from the following

- The minimum amount I can receive\*
- The maximum amount I can receive (10% - only applicable if you're transitioning to retirement)
- A nominated amount above my minimum amount:\*

\$    ,    .

\* Your pension amount will be pro-rated for your first year.

### Annual increase (not available if minimum or maximum payment selected)

CPI or   %

## 8. Bank account details

Please make my pension payments into the following account.

Account name

Name of Australian financial institution

Branch name or address

Branch BSB   -    Account number

## 9. Auto-rebalancing

Please refer the Product Guide for further information about this option.

I don't wish to use this service.

I'd like to have my account rebalanced:  Quarterly  Half-yearly  Yearly

Your investments will be rebalanced in line with your pension payment strategy.

## 10. Account linking

Please link my account with my family members in Suncorp WealthSmart as listed below (for fee discount purposes only). Please photocopy this form if you wish to add further accounts for linking.

Group name

(This is the name you want or have given to the group of linked accounts, eg The John Jones family.)

Account number  Last name

Given name(s)

I consent to having my account linked

Family member's signature

Account number  Last name

Given name(s)

I consent to having my account linked

Family member's signature

## 11. Please tell us how you'd like to receive communication from us

### Annual statements and other important communications (eg confirmations of transactions and changes to your account).

- Email me when it's available and I'll get it from your website at [suncorp.com.au](http://suncorp.com.au) (Please ensure you have provided your email address in section 2).
- I'd like it sent to me by post

### Annual reports

- I'll get it from your website at [suncorp.com.au](http://suncorp.com.au)
- I'd like it sent to me by post

## 12. Nomination of beneficiaries

Please refer the Product Guide for information on beneficiaries.

- I don't wish to nominate a beneficiary. Please continue to section 13.
- or
- I wish to nominate a reversionary beneficiary (spouse). Please continue to section 12a.
- or
- I wish to make a non-lapsing death benefit nomination. Please continue to section 12b.

## 12a. Reversionary beneficiary nomination

If you've nominated a reversionary beneficiary, please note they too will need to complete section 16, Proof of identity. Please copy section 16 for your reversionary beneficiary to complete. Your adviser can assist further with this process.

Title

Last name

Given name(s)

Date of birth / /  Gender: Male  Female

Occupation  Retired: Yes  No

### Residential address (sorry – we can't accept PO Boxes)

- Same address as mine (please complete phone and email details)

Street address

Suburb/Town

State  Postcode

Daytime phone number  Mobile

Email

### Postal address

- Same address as mine

or

Street address/  
PO Box

Suburb/Town

State  Postcode

## 12b. Non-lapsing death benefit nomination

I don't wish to nominate a beneficiary or  In the event of my death, I direct you to pay my benefit to my dependants as listed below.

If you wish to nominate more than three dependants, please copy this page and attach to this form. The total of all allocated proportions (both your dependants and estate) must equal 100%.

Last name		
Given name(s)		
Date of birth	d   d   /   m   m   /   y   y   y   y	
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship	
Is a child pension required?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	%
<hr/>		
Last name		
Given name(s)		
Date of birth	d   d   /   m   m   /   y   y   y   y	
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship	
Is a child pension required?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	%
<hr/>		
Last name		
Given name(s)		
Date of birth	d   d   /   m   m   /   y   y   y   y	
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependent relationship	
Is a child pension required?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	%
<hr/>		
<b>And/or</b>		
<input type="checkbox"/> Please pay my benefit to my estate		%
<hr/>		
<b>Total allocation</b>		<b>  1   0   0   %</b>

Unless a child pension has been specified, your death benefit will be paid in a form determined by the Trustee after your death and having consulted your beneficiaries.

\* Where one or more child pensions are specified, please also complete a child pension form which you can get from our website at [suncorp.com.au](http://suncorp.com.au)

### Member's declaration

I request that the Trustee accepts my nomination. I understand that:

- On my death, the Trustee must pay my death benefit in accordance with my nomination, provided it's valid, at that time.
- For my nomination to be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate.
- My beneficiaries and I agree to be bound by the Fund's Trust Deed (as amended).
- This nomination applies to my superannuation death benefit in this Suncorp WealthSmart account.
- If a nomination is invalid at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to my estate.

Signature X Date | d | d | / | m | m | / | y | y | y | y |  
Signed in the presence of the witness below.

### Witness declaration (The date of witness and member signatures must be the same.)

#### First witness signature

I declare that:

- I'm over 18 years of age and I'm not a nominated beneficiary and
- this nomination was signed by the member in my presence.

Signature X Date | d | d | / | m | m | / | y | y | y | y |

Please print name

#### Second witness signature

I declare that:

- I'm over 18 years of age and I'm not a nominated beneficiary and
- this nomination was signed by the member in my presence.

Signature X Date | d | d | / | m | m | / | y | y | y | y |

Please print name

**As we're bound to pay your benefit according to your valid nomination, we recommend you review your nomination if any of your circumstances change. You can change your nomination at any time by completing a new non-lapsing death benefit nomination form.**



## 15. Authorised representative's personal details

### Important information

You can give someone (either a person or an entity, like a company) the legal authority to make changes to your account. We call them 'authorised representatives'.

### Things your authorised representative can do

They can do everything you can do with your account to the extent permitted by law (except for the things mentioned below). Eg they can:

- request a withdrawal of your benefit (subject to preservation rules)
- request a transfer of your benefits to another superannuation fund
- request information about your account and copies of any documents provided by us in relation to it.

### Things your authorised representative can't do

They can't:

- request a cheque to be paid to someone other than you. This means any withdrawal requests will only be paid to you or to the bank account previously nominated by you. We can only pay to a bank account in your name or a joint bank account of which you're one of the account holders
- change your address
- appoint other authorised representatives
- (where they're your adviser) change any fees or charges or alter bank account details for withdrawals.

### Authorities if your authorised representative is an entity (eg a company)

- If it's a company, this authority extends to any of its directors or authorised officers.
- If it's a partnership, this authority extends to all its partners.

I'd like to appoint the following person as my authorised representative:

If your authorised representative is a person:

Title

Last name

Given name(s)

Date of birth  /  /

If your authorised representative is an entity (eg a company)

Entity name

Contact person

ABN (if a company)

---

Street address

Suburb/Town

State  Postcode

Daytime phone number       Mobile

Email

## 16. Authorised representative's signature and acceptance

I accept this appointment and agree to all its terms and conditions as set out in this form, disclosure documents (such as Suncorp WealthSmart's current Product Disclosure Statement), trust deed and other governing rules of the Suncorp Master Trust.

Authorised representative signature

Date  /  /



## 17. Proof of identity

If proof of identity hasn't been previously completed, you'll need to prove your identity by selecting an item from PART A below, or if you can't provide any of these items, select two items from PART B.

**We require proof of identity BEFORE we can proceed with your instructions.**

Documents written in a language other than English must be accompanied by an English translation prepared by a NAATI accredited translator (see [www.naati.com.au](http://www.naati.com.au)). We're not responsible for the content of external websites.

### PART A – ACCEPTABLE PHOTOGRAPHIC IDENTIFICATION DOCUMENTS – ONE ITEM REQUIRED

Select ONE item from this section, which MUST contain your NAME, PHOTO and either DATE OF BIRTH or RESIDENTIAL ADDRESS

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | A current driver's licence  |
| <input type="checkbox"/> | A current Australian passport (or one which has expired within the last two years)  |
| <input type="checkbox"/> | A current Proof of Age Card issued under an Australian State/Territory (including 18+ and Birth Cards)                                  |
| <input type="checkbox"/> | A current foreign passport or similar travel document also containing your signature issued by a government, the UN or agency of the UN |
| <input type="checkbox"/> | A National Identity Card issued by a foreign government also containing your signature  |

### PART B – OTHER ALTERNATIVE IDENTIFICATION DOCUMENTS - TWO ITEMS REQUIRED (this section is only required if a PART A item couldn't be provided)

Select ONE item from this section

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | An Australian birth certificate/extract   |
| <input type="checkbox"/> | A citizenship certificate   |
| <input type="checkbox"/> | A foreign birth certificate issued by a government, the UN, or agency of the UN |
| <input type="checkbox"/> | A current Centrelink Card   |

and

Select ONE item from this section which MUST contain your NAME and RESIDENTIAL ADDRESS

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A notice issued by the Commonwealth, State or Territory within the last twelve months recording the provision of financial benefits to you   |
| <input type="checkbox"/> | A notice issued by the Australian Taxation Office within the last twelve months recording a debt payable by you to the Commonwealth (or by the Commonwealth to you)                      |
| <input type="checkbox"/> | A notice issued by a local government body or utilities provider (eg gas, electricity, phone) within the last three months recording the provision of services to your address or to you |
| <input type="checkbox"/> | If you're under age 18, a letter written less than three months ago, from your school principal recording how long you've attended that school   |

### PART C – FOR USE WHERE RESIDENTIAL ADDRESS IS NOT IN AUSTRALIA OR NEW ZEALAND - ONE ADDITIONAL ITEM REQUIRED

In addition to PART A requirements above please select:

- ONE additional item from PART A

or

- ONE additional item from any section in PART B.

**Certification procedure (where you're not being assisted by an adviser)**

If an adviser isn't assisting you with this transaction, to prove your identity, you'll need to:

- take the originals of your selected identification documents to a certifier (see 'Acceptable Certifiers' below) who will certify that the original documents have been sighted
- ensure the certifier copies the originals and signs the copy confirming that it's a true copy of the original document and includes on the copy the date, their name and designation from the list in 'Acceptable Certifiers' below and
- mail this form and your certified copy(s) of identification to us. (We can't accept faxes or copies of the certified documents.)

**ACCEPTABLE CERTIFIERS**

Who to see	Conditions and definitions
Accredited translator	1. A person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of professional translator or above, to translate from a language other than English into English; or 2. A person who currently holds an accreditation that is consistent with the standard specified in 1.
Australia Post	An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public; or a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
Banking and other financial institutions	An officer with two or more continuous years of service with one or more financial institutions or a finance company officer with two or more continuous years of service with one or more financial companies. This includes Suncorp and its subsidiaries.
Financial adviser	An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one of more licencees. Please note however that if you're consulting face to face with your current financial adviser, the certification process is not required – see the following section.
Justice of the Peace or Notary Public	An individual appointed by the courts whose duties include certifying documents.
Legal professional or law enforcement	A person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner. Other professionals include a judge of a court; a magistrate; a chief executive officer of a Commonwealth court; a registrar or deputy registrar of a court, or a police officer.
Accountants	A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.
Consular or Diplomatic Officer	An Australian Consular Officer or an Australian Diplomatic Officer.

**Verification procedure (where being assisted by an adviser, the adviser must complete this section)**

Verify your client's full name and EITHER their date of birth or residential address from the ORIGINAL copies of identification documents provided on the previous page and:

- ensure your client has completed PART A, or PART B if your client doesn't own a document from Part A, and Part C if residing overseas (other than New Zealand).
- complete this section to indicate the details of the verification procedure conducted.
- ensure original documentation is sighted when meeting your client face to face (certified copies are only acceptable if you don't meet face to face and they must meet the requirements detailed in the section above).
- verify that the documents haven't expired (except for an Australian passport which has expired in the last two years).

Advisers, please DO NOT attach copies of the identification documents when forwarding this form.

ID document details	Document 1	Document 2 (if using PART B or PART C)
Verified from	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Certified copy**	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Certified copy**
Document type/issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text" value=" d d  /  m m  /  y y y y "/>	<input type="text" value=" d d  /  m m  /  y y y y "/>
Expiry date (if applicable)	<input type="text" value=" d d  /  m m  /  y y y y "/>	<input type="text" value=" d d  /  m m  /  y y y y "/>
Document number (if any)	<input type="text"/>	<input type="text"/>
Accredited English translation	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Sighted*	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Sighted*
Verified date	<input type="text" value=" d d  /  m m  /  y y y y "/>	<input type="text" value=" d d  /  m m  /  y y y y "/>
Adviser's name	<input type="text"/>	Daytime phone number <input type="text"/>
Adviser's organisation	<input type="text"/>	Adviser No <input type="text"/>

\* If you're able to translate your client's non-English proof of identification documents you can do so, otherwise a NAATI accredited translator must provide the translation BEFORE verification can occur.

\*\* Certified copies of documentation are only permitted where an adviser hasn't assisted the client face to face.

## 18. Declaration and signature

By completing and signing this form:

### General

- I've read the Suncorp WealthSmart Personal Super & Pension PDS and the Suncorp WealthSmart Product Guide and have received and accepted this offer in Australia. If I've received this offer electronically, I've printed all pages of the document.
- I agree to be bound by the Trust Deed for the Suncorp Master Trust, as amended from time to time.
- I agree to the fees shown in section 13.
- I understand the Trustee reserves the right to refuse or reject an application.
- If my application is incomplete or unclear, you may hold my money for up to 30 days. If you don't receive additional information or a completed application form within this timeframe, you'll return the money to whoever paid it to you without any interest.
- I confirm if I'm making a personal contribution, I satisfy the criteria to make such a contribution.

### Investments

- I acknowledge that the performance of any investment option offered by Suncorp WealthSmart isn't guaranteed by the Trustee or any other person, unless otherwise stated.
- I understand for some investment options, one or more PDSs for the financial products underlying that option are available from your website at [suncorp.com.au](http://suncorp.com.au) or by contacting you, and I consent to getting these PDSs by downloading them from this website or asking you for a printed version.
- My investment choices have been made after reading the current Suncorp WealthSmart Personal Super & Pension PDS and the Suncorp WealthSmart Product Guide, and the underlying investment manager's PDS for each investment option.
- I acknowledge, when I make any investment decisions or transact on my account, I may have not read the most recent investment manager's PDS for each investment option and may not have been notified about material changes or significant events that adversely affect a matter that should be in the PDS for those investment options.
- I consent to getting notification and an explanation of any material change or significant event that adversely affects a matter in the most recent PDS(s) for the underlying financial product(s) for each investment option by downloading the information from your website at [suncorp.com.au](http://suncorp.com.au)

### Authorised representative

If I've nominated an authorised representative:

- I acknowledge the exercise of any of the powers by a person reasonably believed by the Trustee or its service providers to be my authorised representative or to be acting on behalf of my authorised representative, will be treated as if I had personally exercised those powers.
- I acknowledge this arrangement will continue until I cancel the appointment in writing.
- I agree the Trustee may cancel this facility or vary these conditions after giving me 14 days notice in writing.
- I agree to release, discharge and indemnify the Trustee, other members of the Suncorp Group and its service providers from and against any claims, liabilities and expenses arising out of or in relation to my authorised representative.
- I agree if I appoint an authorised representative I can't later claim that my authorised representative, or any person(s) appointed by me acting on behalf of my authorised representative, was not acting on my behalf.

### Information, authorisation of other persons and privacy

- I authorise my adviser, and any other person who I inform you in writing, to receive and obtain my personal information for the purposes of managing my account and I'll notify you if there is a change to this arrangement.
- I consent to the collection and use of my personal information for the purposes of opening and administering my Suncorp WealthSmart account as disclosed in the Suncorp privacy policy which is available from your website at [suncorp.com.au](http://suncorp.com.au)
- I acknowledge you may use my personal information so that you and other members of the Suncorp Group may inform me of your or their products and services, unless I check the box below or later notify you in writing that I don't wish to receive this information.
- I agree to be contacted by phone by a Suncorp representative if there is a need to get more information from me.
- The information I've provided on the application form is true and correct.

### Meanings

- In this section 18, all references to 'you' are to the Trustee.

I don't want to receive information on other products and services.

Applicant's signature

X

Date | d | d | / | m | m | / | y | y | y | y |

Please send the completed form and any required attachments to:

**Suncorp WealthSmart™**  
**GPO Box 2585**  
**Brisbane QLD 4001**

# Tax File Number declaration form

Please complete this form in a blue or black pen, using BLOCK letters and cross (X) to mark answer boxes. If you have reached age 60, you are not required to complete this form.

**1 Your Tax File Number (TFN)**

OR application made to the ATO for a new or existing TFN  OR exemption claimed - under 18 years of age and do not earn enough to pay tax  OR exemption claimed as a pensioner, benefit or allowance

**2 Your name** Mr  Mrs  Miss  Ms

Surname or family name

First given name

Other given names

**3 If you have changed your name since you last dealt with the ATO, show your previous family name**

**4 Your date of birth** Day   / Month   / Year

**5 Your home address in Australia**

Suburb or town

State    Postcode

**6 On what basis are you paid? (Select only one)**

Full-time employment  Part-time employment  Labour hire  Superannuation income stream  Casual employment

**7 Are you an Australian resident for taxation purposes?**

Yes  No  If 'No', you must answer 'No' at question 8.

**8 Do you wish to claim the tax-free threshold from this payer?**

Only claim the tax-free threshold from one payer

If you have more than one source of income and currently claim the tax-free threshold from another payer, DO NOT claim now.

Yes  No  Answer **NO** at questions 9 and 10 unless you are a non-resident claiming a Senior Australians zone or overseas forces tax offset.

**9 Do you want to claim the senior Australians tax offset by reducing the amount withheld from payments made to you?**

Complete a Withholding declaration (NAT 3093), but only if you are claiming the tax-free threshold from this payer.

Yes  No

**10 Do you want to claim a zone, overseas forces, dependent spouse or special tax offset by reducing the amount withheld from payments made to you?**

Complete a Withholding declaration (NAT 3093).

Yes  No

**11 a) Do you have an accumulated Higher Education Loan Programme (HELP) debt?**

Yes  Your payer will withhold additional amounts to cover any compulsory repayments. No

**b) Do you have an accumulated Financial Supplement debt?**

Yes  Your payer will withhold additional amounts to cover any compulsory repayments. No

**Declaration:**  
DECLARATION by payee: I declare that the information I have given is true and correct.

You must sign here

Day   / Month   / Year

Date

**Please note** There are penalties for deliberately making a false or misleading statement.

## Section B – to be completed by PAYER

**1 ABN**

**2 Registered business name or trading name (or individual name if not in business)**

S U N C O R P P O R T F O L I O

S E R V I C E S L I M I T E D

**3 Trading name - if applicable**

**4 Business Address**

G P O B O X 2 5 8 5

B R I S B A N E

Q L D         Postcode 4 0 0 1

**5 Contact person** W E A L T H A D M I N -

I S T R A T I O N C E N T R E

Business phone number STD

**Declaration by payer:** I declare that the information I have given is true and correct.

**Signature of payer**

Day   / Month   / Year

Date

**Please note** There are penalties for deliberately making a false or misleading statement.

Please provide an estimate of the time taken to complete Section B. mins

## Tax file number declaration

The information you provide in this declaration will enable your payer to work out how much tax to withhold from payments made to you.

### Terms we use

- **payer** – we are referring to the business or individual making payments under the pay as you go (PAYG) withholding system.
- **payee** – we are referring to the individual being paid.

### When should you use this form?

You should complete this form before you start to receive payments from a new payer, or your circumstances change. For example, when you receive:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes
- payments under labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

The information you provide on this form is used to determine the amount of tax to be withheld from payments made to you. For example, whether you:

- claim the tax free threshold
- are an Australian resident for tax purposes
- have a Higher Education Loan Program (HELP) debt
- have a Financial Supplement debt.

Individuals who reach age 60 and commence a superannuation benefit that does not include an untaxed element, do not need to complete this form for that superannuation benefit.

### Question 1

#### What is your tax file number (TFN)?

This question asks you to supply your TFN.

Your payer and the Tax Office are authorised by the *Taxation Administration Act 1953* to collect your TFN on this form. It is not an offence not to quote your TFN. However, your payer is required to withhold 46.5% from all payments made to you if you do not:

- provide a *Tax file number declaration* (NAT 3092) to your payer
- quote your TFN, or
- claim an exemption from quoting your TFN.

You may claim an exemption from supplying your TFN.

Print  in the appropriate box if you:

- have lodged a TFN application or enquiry form for individuals or made a phone or shop front enquiry to obtain your TFN.

You now have 28 days to provide your TFN to your payer who must withhold at the standard rate during this time. After 28 days if you haven't given your TFN to your payer they will withhold the top rate of tax plus the Medicare levy from future payments.

- are claiming an exemption from quoting a TFN. You are exempt from quoting your TFN if you are:
  - under 18 years of age and do not earn enough to pay tax, or
  - an applicant or recipient of certain pensions, benefits or allowances from:
    - Centrelink – however you will need to quote your TFN if you receive Austudy, Newstart, sickness or parenting allowance
    - Department of Veterans' Affairs – a service pension under the *Veterans' Entitlement Act 1986*, or
    - the Military Rehabilitation and Compensation Commission.

For more information about privacy, see 'Privacy of information' on page 14.

### Provision of your TFN to your superannuation fund

Your payer must pass your TFN to the superannuation fund to which contributions are being made on your behalf. If your superannuation fund does not have your TFN, we can provide it to them. This enables:

- your superannuation fund to accept all types of contributions to your account(s)

- no increase to the tax on contributions to your superannuation account(s)
- no additional tax to be deducted when you start drawing down your superannuation benefits, other than the tax that may ordinarily apply
- ease in tracing different superannuation accounts in your name so that you receive all your superannuation when you retire.

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. You may request to the trustee of your superannuation fund, in writing, not to disclose your TFN to any other trustee.

### Questions 2, 3, 4 and 5

Fill in your personal information.

### Question 6

#### On what basis are you paid?

Check with your payer if you are not sure.

### Question 7

#### Are you an Australian resident for tax purposes?

Generally, we consider you to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- have been in Australia continuously for six months or more and for most of that time you worked in the one job and lived in the same place
- will be or have been in Australia for more than half of the financial year (unless your usual home is overseas and you do not intend to live in Australia).

If you go overseas temporarily and do not set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

Answer 'NO' to this question if you are not an Australian resident for tax purposes. You must also answer 'NO' at questions 8, 9 and 10 (unless you are a non-resident claiming a senior Australians, zone or overseas forces tax offset).

### Question 8

#### Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each year that is not taxed. It is available only to people who are Australian residents for tax purposes (that is, people who answered 'YES' at question 7).

Answer 'YES' if you:

- are an Australian resident for tax purposes
- are not currently claiming the tax-free threshold from another payer
- want to claim the tax-free threshold.

Answer 'NO' if you either:

- answered 'NO' to question 7
- have claimed the tax-free threshold from another payer
- do not wish to claim the tax-free threshold.

### Question 9

#### Do you want to claim the senior Australians tax offset by reducing the amount withheld from payments made to you?

You are not entitled to reduce your withholding amounts, or claim the senior Australians tax offset with more than one payer at the same time.

If you receive income from more than one source, contact us on **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.

Answer 'YES' if you are eligible and choose to receive the senior Australians tax offset. You can reduce the amount withheld from payments made to you during the year by completing a *withholding declaration* (NAT 3093).

**Question 10****Do you want to claim a zone, overseas forces, dependent spouse or special tax offset by reducing the amount withheld from payments made to you?**

You are not entitled to claim tax offsets from more than one payer at the same time.

You may be eligible for:

- a zone tax offset if you live or work in certain remote or isolated areas of Australia
- an overseas forces tax offset if you serve overseas as a member of Australia's Defence Force or a United Nations armed force
- special tax offset for a dependent invalid relative, dependent parent, housekeeper caring for an invalid spouse or a dependent child-housekeeper.

Answer 'YES' to this question if you are eligible and choose to receive tax offsets by reducing the amount withheld from payments made to you. You also need to complete a *Withholding declaration* (NAT 3093).

Answer 'NO' to this question if you are not eligible or choose to receive any of these tax offsets as an end-of-year lump sum through the tax system.

**Non-resident**

If you are not a resident of Australia for tax purposes, you are not entitled to claim a dependent spouse tax offset or a special tax offset. You may be entitled to claim the zone or overseas forces tax offset.

**Question 11****(a) Do you have an accumulated Higher Education Loan Program (HELP) debt?**

Answer 'YES' if you have an accumulated HELP debt.

Answer 'NO' if you do not have an accumulated HELP debt, or you have repaid all your HELP debt.

You have a HELP debt if either:

- the Australian Government lends you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP
- you have a debt from the previous Higher Education Contribution Scheme (HECS).

**(b) Do you have an accumulated Financial Supplement debt?**

Answer 'YES' if you have an accumulated Financial Supplement debt.

Answer 'NO' if you do not have an accumulated Financial Supplement debt, or you have repaid all your Financial Supplement debt.

*Have you repaid this debt?*

When you have repaid your accumulated HELP or Financial Supplement debt, you must complete a new *Withholding declaration* (NAT 3093).

**Sign and date the declaration**

Make sure you have answered all the questions in Section A and have signed and dated the declaration. Give your completed declaration to your payer.

**Privacy of information**

We are authorised by tax laws, including the *Income Tax Assessment Act 1936*, to ask for information on this declaration. We need this information to help us administer those laws.

Where we are authorised by law to do so, we may give this information to other government agencies. These agencies could include Centrelink, Australian Federal Police, Child Support Agency, Departments of Families, Housing, Community Services and Indigenous Affairs, Veterans' Affairs, and Education, Employment and Workplace Relations.

Only certain people and organisations can ask for your TFN.

These include employers, some Australian Government agencies, including Child Support Agency, trustees for superannuation funds, payers under the PAYG system, higher education providers and investment bodies such as banks. We are authorised by the *Taxation Administration Act 1953* to collect your TFN. You are not required by law to provide your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld.