



Authority to provide your tax file number to your super fund

You should complete this form if you:

- are an employee, and have not completed a *Tax file number declaration* (NAT 3092) since 1 July 2007, and
- want to authorise your employer to provide your tax file number (TFN) to your super fund.

IMPORTANT INFORMATION FOR YOU

It is not compulsory to quote your TFN to your super fund. However, if you have not quoted your TFN to your employer since 1 July 2007, they need your authority to provide it to your super fund/s.

You can provide this authority to your employer by either completing:

- this form, or
- a new *Tax file number declaration* (NAT 3092) form.

! You should keep a copy of the form for your records.

Giving your TFN to your super fund will ensure:

- your super fund can accept all types of contributions to your account/s
- the tax on contributions to your super 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 super benefits, and
- it is much easier to trace different super accounts in your name so that you receive all of your super when you retire.

! For more details regarding your privacy rights you should contact your superannuation fund.

The trustee of your super fund may disclose your TFN to another super fund when your benefits are being transferred. This may occur unless you request in writing to the trustee of your super fund that your TFN not be disclosed to any other trustee.

IMPORTANT INFORMATION FOR EMPLOYERS

From 1 July 2007, if your employee completes a *Tax file number declaration* (NAT 3092) form and you make a super contribution for your employee, you must give your employee's super fund their TFN within 14 days of receiving their declaration form.

If you do not make a contribution for your employee in that period, you may pass their TFN on to their super at the time you make a contribution.

! You should keep a copy of the form for your records.

To: Name of employer

From: Your name

I have previously quoted my TFN to you for employment purposes. I now authorise you to provide my TFN to my super fund/s.

Signature

Date

Day	Month	Year
□ □ /	□ □ /	□ □ □ □

➔ Give your completed notice to your employer.

! **Do not send this form to us.** The information on this authority is for you and your employer. We don't collect this information; we only provide a format for you to give your employer authority to pass on your TFN to your super fund.