

# The Victorian Independent Schools Superannuation Fund

GPO Box 4324 Melbourne Vic 3001  
Level 32 80 Collins Street Melbourne Vic 3000  
Telephone: (03) 9258 6750 Facsimile: (03) 9258 6711  
Email: [super@VISSF.com.au](mailto:super@VISSF.com.au) Website: [www.vissf.com.au](http://www.vissf.com.au)  
Trustee: VIS Nominees Pty Ltd  
Australian Business No. 11 006 586 367  
Australian Financial Services Licence No. 235097



## NOTIFICATION OF TAX FILE NUMBER

Please advise the Fund of your Tax File Number (TFN) by completing the bottom section of this form and returning it to the above address.

The Trustee is authorised to ask for your TFN under the Superannuation Industry (Supervision) Act 1993.

It is not compulsory to provide your TFN and it is not an offence if you do not. However, if you do not provide your TFN the Fund will be required to:

- **Deduct tax at the rate of 46.5% from all employer contributions and any concessional contributions (salary sacrifice) that you may make. If your tax file number is provided the rate of tax applied to these contributions will be 15%;**
- **Refund any non-concessional contributions (from your after tax salary) you may make;**
- **Refund to the Australian Taxation Office any Government co-contribution that may be paid on your behalf.**

The Trustee will treat your TFN as confidential and will use it for legal purposes only. The purposes for which the Trustee may use your TFN include:

- calculating tax on any eligible termination payment you may be entitled to. If you do not provide your TFN you will pay more tax on your benefit at the time it is paid to you, however you can claim the extra tax back when you lodge your income tax return;
- finding and amalgamating your superannuation benefits where insufficient information is available. Without your TFN it may be more difficult to find your superannuation benefits in the future or to amalgamate any multiple superannuation accounts;
- providing information to the Commissioner of Taxation; and
- providing it to the trustee of any other superannuation fund or to an RSA provider to which your benefits are transferred in the future, unless you tell the Trustee in writing not to do so.

These purposes and consequences may be changed by future legislation.

**If you wish to provide your TFN please complete this section and return the form to the Fund at the address shown above.**

Full name .....

Date of birth .....

Employer .....

Tax File Number

I understand the circumstances in which my TFN may be collected and used.

Signature .....

Date .....