

Tax File Number Notification Form

SAVE PRINT

Please fill out this form in capital letters using a black or blue pen.

PERSONAL DETAILS	
Policy number (if known)	
Name	
Title	Mr Mrs Miss Ms Other
Given name(s)	
Last name	
Date of birth	DD / MM / YYYY
Gender	Male Female
Address	
Street address	
Suburb	State Postcode

2. PROVIDING YOUR TAX FILE NUMBER

Your TFN will be used for authorised purposes only. This includes finding and identifying your superannuation benefits, calculating tax on any benefit payments and providing information to the Australian Taxation Office (ATO) or other prescribed authority. These purposes may change in the future. It is not an offence if you do not provide your TFN but if we do not hold your TFN, the following may apply:

- locating all your superannuation benefits when you retire may be harder, and
- lump sum withdrawals will not be concessionally taxed.

We may also provide your TFN to another superannuation provider if your benefits are being transferred to that superannuation provider, unless you request in writing that it not be disclosed.

By completing and returning this form, you agree to provide your TFN.

My tax file number is			
Signature	X	Date	DD / MM / YYYY

3. PRIVACY

The way in which TAL collect, secure, hold, use and disclose personal and sensitive information (your information) is explained in the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy or on request.

If you have any questions about the way in which your information is managed, or would like a paper copy of our privacy policies, please contact us by phone on 1300 209 088 or by email to customerservice@tal.com.au.

SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

TAL Life Limited GPO Box 5380 Sydney NSW 2001

CONTACTING TAL

- Oustomerservice@tal.com.au
- S 1300 209 088
- 1300 351 133
- tal.com.au

TAL Life Limited ABN 70 050 109 450 | AFSL 237848 TALI3184/1121