

# Close and Commence New Account



Reorganising your accounts is easy. Simply complete this form using a dark pen and capital letters or type directly into this form online, print it out and send it to us. Ensure all appropriate check boxes are marked with an (X).

Once the form is complete, remember to sign and date it before returning with certified copies of your proof of identification documents to:

**Australian Catholic Superannuation and Retirement Fund**  
**PO Box 656, Burwood NSW 1805**

✉ PO Box 656, Burwood NSW 1805

☎ 1300 658 776

🌐 www.catholicsuper.com.au

🐦 @AusCathSuper

@ fundoffice@catholicsuper.com.au

**! Important**

If you are transferring your account back to Super only and are not recommencing a new pension, please just complete sections 1, 2, 9 and 10.

## 1 Your personal details

Client ID	Account number	Date of birth	Male	Female
1 <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="checkbox"/>	<input type="checkbox"/>
Title	Surname			
<input type="text"/>	<input type="text"/>			
Given names				
<input type="text"/>				
Postal address				
<input type="text"/>				
Suburb	State	Postcode		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential address				
<input type="text"/>				
Suburb	State	Postcode		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mobile	Home telephone number			
<input type="text"/>	<input type="text"/>			
Email				
<input type="text"/>				

By providing my email address, I elect to receive Australian Catholic Superannuation communication electronically, including my annual statement, prescribed communications, general correspondence and emails.

## 2 Transfer back to Super

Super Account number

Would you like to transfer the entire balance back to your Super account? Choose one (X) box  Yes  No

If you answered no, how much would you like to transfer? \$  ,  ,  .

If you **do not** wish to commence a new pension account, please proceed directly to Section 9.

**! Take note**

If you are not transferring your total account balance back to your Super account, you will end up with two pension accounts.



Form continues overleaf ▶

### 3 Your Super account

Are you waiting for additional money to be allocated to your Super account other than the Pension amount?

Yes  No

If you answered yes, please advise the outstanding amount to be allocated to your Super account so we do not recommence your Pension without it.

\$  ,    ,     .

#### ! Note

The maximum amount you can transfer to the Pension is \$1.6m.

#### ! Note

Minimum balance to start a RetireSmart Pension is \$100,000.00.

### 4 Amount to be invested in my new Pension account

I wish to transfer my Australian Catholic Superannuation account to:

RetireSmart Pension

RetireChoice Pension

RetireSmart Transition to Retirement Pension  
– I have reached my preservation age and am still working

RetireChoice Transition to Retirement Pension  
– I have reached my preservation age and am still working

I wish to transfer the following amount to my new Pension account:

My entire balance

The following amount \$  ,    ,     .

Leave only the minimum balance of \$6,000.00 in my Australian Catholic Superannuation account.

#### ! Note

We recommend reading the *Your investment options: Pension* fact sheet available from [catholicsuper.com.au](http://catholicsuper.com.au).

### 5 Choosing your investment options

(Only applicable if you are rolling back into the RetireChoice Pension. RetireSmart members will be automatically invested.)

You can choose to invest in any one or a combination of up to 13 investment options. You can also choose which investment option(s) you wish your pension payments to be drawn from.

If you do not make a choice, your benefit will automatically be invested in Australian Catholic Superannuation's Conservative Balanced option.

Investment option	Invest my account balance in the following investment option(s):	Draw my pension payment from the following investment option(s):
<b>Managed options</b>		
Shares	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Socially Responsible	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Capital Stable	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Build your own options</b>		
Australian Shares	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
International Shares	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Property	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Bonds	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Cash and Term Deposits	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Credit Income	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total</b>	<b>1 0 0 %</b>	<b>1 0 0 %</b>

**i** Please ensure your investment choice adds up to 100%.



Form continues overleaf

**i Important**

The maximum payment allowable to Transition to Retirement members is 10% of your account balance per financial year. If there is less than 12 months left in the financial year, you can elect to receive a pro-rata variation.

## 6 Choose how you would like your pension paid

You can decide how you would like your pension payment to be paid by electing the amount you would like to receive and the frequency of your payment.

**a) Select (X) the amount you would like to receive each year.** You have the following options – please choose only one.

- The minimum amount allowed by law (including any Government relief available)
- The maximum amount allowed by law (only applicable to Transition to Retirement Members)
- A pro-rata variation of the maximum amount allowed by law for the remainder of the financial year (only applicable to Transition to Retirement Members)
- Specific before tax amount \$  ,   ,    .
- Specific percentage   % of your account balance (only applicable to RetireSmart Members, minimum is the legislative minimum and the maximum is 20%)

**b) Choose (X) how often you would like to be paid.** You have the following options – please choose only one.

- Weekly     Fortnightly     Monthly     Quarterly     Half-yearly     Yearly

If you chose Quarterly, Half-yearly or Yearly payments, what month would you like your pension paid?

**i** If you do not choose how frequently you would like your pension paid, we will automatically pay you monthly.

## 7 Nominate the account your Pension will be paid into

Account name

Institution

Branch

BSB

Account number

Please check that your bank details shown above correspond with your latest bank statement. The bank account listed **MUST** be held in your name or jointly held in your name.



Form continues overleaf

**i Important**

You have three choices.  
Make a:

- 1. Reversionary nomination
- 2. Non-binding nomination, or
- 3. Binding nomination

**i Important**

You cannot nominate a child age 18 or over unless they are disabled within the meaning of the Disability Services Act 1986 or they are between 18 and 25 and financially dependent on you immediately before death.

## 8 Nominating your beneficiaries

You can request us to pay your benefit in a certain way in the event of your death. Please see Australian Catholic Superannuation's *Retirement Product Disclosure Statement* for further information. Please mark (X) in the relevant box.

**Reversionary nomination:** You can nominate your Spouse, Defacto Spouse, Child or Interdependant to receive a reversionary pension in the event of your death. A reversionary nomination cannot be nominated at a later stage, nor can it be changed or removed, unless you establish a new pension account.

I choose a reversionary pension to be paid to my nominated Spouse, Defacto Spouse, Child or Interdependant listed below.

Type of Dependant – place an (X) in the relevant box

Spouse  Defacto Spouse  Child  Interdependant

Title  Surname

Given names

Postal address

Suburb  State  Postcode

Date of birth of Reversionary  TFN of Reversionary

**Non-binding nomination:** By nominating your beneficiaries below, Australian Catholic Superannuation will take into account your beneficiaries when determining who should receive a death benefit. This is known as a Non-binding nomination.

I choose a lump sum benefit to be paid to my nominated beneficiaries, listed below.

### Details of nominated beneficiaries

Surname of nominated beneficiary  Date of birth

Given names of nominated beneficiary

Relationship to you – place an (X) in the relevant box % of benefit

Spouse  Child  Financial Dependant  Interdependency Relationship  Legal Personal Representative

Surname of nominated beneficiary  Date of birth

Given names of nominated beneficiary

Relationship to you – place an (X) in the relevant box % of benefit

Spouse  Child  Financial Dependant  Interdependency Relationship  Legal Personal Representative

Surname of nominated beneficiary  Date of birth

Given names of nominated beneficiary

Relationship to you – place an (X) in the relevant box % of benefit

Spouse  Child  Financial Dependant  Interdependency Relationship  Legal Personal Representative

**i Important:** The total must equal 100% for your nomination to be valid. **Total**  1  0  0 %

If you wish to nominate more than three beneficiaries, please attach a separate page providing the above details (signed and dated).

**Binding nomination**  
To make a Binding nomination, you must complete the *Nomination of Beneficiaries* form available from [catholicsuper.com.au](http://catholicsuper.com.au).



Form continues overleaf ▶

## 9 Proof of Identity

### Option 1 – I want to use electronic verification

By providing your driver's licence, Medicare card or Australian passport, I authorise the use of my personal information details for the purpose of electronic data verification. I understand that my information will be subject to an information match request in relation to relevant official record holder information and a corresponding information match result will be provided via the use of third party systems. Please provide **at least two** of the following:

#### 1. Driver's licence details

Driver's licence number (not your card number)

State of issue

Expiry date

#### 2. Medicare details

Medicare number (your Medicare number is 10 digits in length)

Position on card

Card expiry date

Exact name on Medicare card

#### 3. Australian passport details

Passport number

Expiry date

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

### Option 2 – I want to attach paper copies of certified documentation

I have attached my certified proof of identity to this application. I have read the Certifying your identification documents following the declaration.

#### **i** Important note:

If your ID has a different name and/or mailing address than we have on our system, you will also need to provide one of the following:

A certified copy of a CURRENT:

1. Utility bill, or
2. Local council payment notice, or
3. Centrelink payment letter

Showing your correct address.

#### **!** Take note

Don't forget to sign and date your form before sending it back to us.

**We do not accept digital signatures.**

## 10 Declaration

I am applying to be an Account Based Pension member of Australian Catholic Superannuation. I have read the *Retirement Product Disclosure Statement* for Australian Catholic Superannuation's Pensions.

**OR**

I am applying to rollback and convert my existing Account Based Pension account into a Superannuation account of Australian Catholic Superannuation. I have read the *Superannuation Product Disclosure Statement* for Australian Catholic Superannuation.

- I agree to be bound by the provisions of the Trust Deed including any amendments.
- I agree to supply all information the Trust Deed requires for the management and administration of the Fund.
- I confirm the details completed in this form are true and accurate and I am authorised to provide these details to the Fund.
- I authorise the Fund to conduct an information match and identification check via the use of a third party system.
- I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder for the purpose of confirming my identity.
- I authorise the Fund to keep full and proper records of all information match results.
- I have read the Fund's Privacy Policy and agree that the Trustee may use my personal information for the purposes described and may retain my Tax File Number on file.

Print full name (use BLOCK LETTERS)

Signature

Date

**PRIVACY STATEMENT:** Australian Catholic Superannuation collects and uses personal information in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth) for the management and administration of the Fund as well as to comply with relevant legislation. Personal information may be disclosed to other parties, including persons authorised by the member, the Fund's insurer, government bodies and the trustee of any other fund a superannuation account is transferred to. To access personal information or for a copy of our Privacy Policy, visit [catholicsuper.com.au](http://catholicsuper.com.au) or phone **1300 658 776**.



Form continues overleaf



# Certifying your identification documents



AUSTRALIAN  
CATHOLIC  
SUPERANNUATION  
RETIREMENT FUND

At Australian Catholic Superannuation we have strict measures in place to protect your identity. There will be certain times where we ask for proof of your identity before we can process a request from you. This is to protect your benefit and to ensure your privacy is maintained. We will use your identification documents to conduct an information match and identification check via the use of a third party system.

✉ PO Box 656, Burwood NSW 1805

☎ 1300 658 776

🌐 www.catholicssuper.com.au

🐦 @AskAusCathSuper

@ fundoffice@catholicssuper.com.au

## 1 Instances where we may ask for proof of your identity

- When you transfer your benefits from other funds to your Australian Catholic Superannuation account,
- When you transfer your benefits from Australian Catholic Superannuation to a Self Managed Super Fund,
- When you apply for an early release of your entitlement or when you claim your super on retirement,
- When you advise us of a change in your personal details, such as changing your name,
- When applying for Power of Attorney,
- When commencing and/or making a withdrawal from your RetireChoice or RetireSmart Pension account, and
- When paying a death benefit to an approved beneficiary/legal person.

## 2 Proving your identity

To prove your identity, you will need to provide Australian Catholic Superannuation with:

### Either

#### ONE copy of any one of the following:

- A current driver's licence
- A current passport
- Proof of age card

### Or

#### ONE copy of any one of the following:

- Birth certificate or extract
- Citizenship certificate
- Centrelink pension card



#### ONE copy of the following:

- Centrelink payment letter
- Government or local council payment notice (less than one year old) clearly showing your name and residential address
- Notice issued by a utilities provider (less than one year old) clearly showing your name and residential address

**i** We may request further forms of identification if any of your details differ to what we have on file or if you are changing or adding a new bank account to our records.

## 3 Certifying your identification documents is a three-step process

**i** Your Certified ID will be valid for a maximum of two years unless it expires prior and family members cannot certify your identification.

### 1 Collect your original documents.

We have provided a list of the documents above that you can use to prove your identity.

### 2 Photocopy your original documents.

You will need one set of documents for your request. If you are transferring super from another fund into Australian Catholic Superannuation, you will need to provide one set of documents for each transferring fund.

### 3 Certify your copies.

Take the copies and your original documents to be certified. We have supplied a full list of people authorised to certify your documents on the back of this fact sheet. Each page must have 'certified true copy' stamped or written on it and must include the certifier's signature, printed name, qualification, contact phone number and the date.

### 4 Certification must be on the same page as your identification.

Ensure the person certifying your document certifies it on the same page as your identification. We will not accept certification on the back page.

John CITIZEN has provided a copy of his identification that includes signature, full name, date of birth and current residential address.



The authorised person has sighted the original identification and confirmed that the copy is a certified true copy.

"I certify that this document is a true copy of the original."

*K Anderson*

Details for the authorised person are included: full name, qualification, registration number (if applicable), phone number, date and signature.

**Name:** Karen Anderson  
**Qualification:** JP  
**Registration no:** 123456  
**Date:** 30 August 2020  
**Phone number:** 02 1234 5678



**What is a certified document?** A certified document is a copy of an original proof of identification document that has been signed and certified as a true and correct copy of the original. Only authorised people can certify a document. See the back of this fact sheet for a full list.

Continues overleaf ▶

## 4 People who are authorised to certify your proof of identification documents

All copied pages of original proof of identification documents need to be certified as true copies by any individual approved to do so (see below). The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification – for example, Justice of the Peace or Australia Post employee – and date.

### List of people who can certify documents and/or witness your statutory declaration


The following people can certify copies of the originals as true and correct copies and/or witness your statutory declaration:

1. a person who is currently licensed or registered under a law of a state or territory to practise in one of the following occupations:
  - architect
  - chiropractor
  - dentist
  - financial adviser or financial planner
  - legal practitioner
  - medical practitioner
  - midwife
  - migration agent registered under Division 3 of Part 3 of the Migration Act 1958
  - nurse
  - occupational therapist
  - optometrist
  - patent attorney
  - pharmacist
  - physiotherapist
  - psychologist
  - trade marks attorney
  - veterinary surgeon
2. a person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described), or
3. a person who is in the following list:
  - accountant who is:
    - a. a fellow of the National Tax Accountants' Association, or
    - b. a member of any of the following:
      - i. Chartered Accountants Australia and New Zealand
      - ii. the Association of Taxation and Management Accountants
      - iii. CPA Australia
      - iv. the Institute of Public Accountants
  - agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
  - APS employee engaged on an ongoing basis with 5 or more years of continuous service who is not specified in another item of this Part
  - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
  - bailiff
  - bank officer with 5 or more continuous years of service
  - building society officer with 5 or more years of continuous service
  - chief executive officer of a Commonwealth court
  - clerk of a court
  - Commissioner for Affidavits
  - Commissioner for Declarations
  - credit union officer with 5 or more years of continuous service
  - employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not specified in another item in this Part
  - employee of the Australian Trade and Investment Commission who is:
    - a. in a country or place outside Australia, and
    - b. authorised under paragraph 3(d) of the Consular Fees Act 1955, and
    - c. exercising his or her function in that place
  - employee of the Commonwealth who is:
    - a. in a country or place outside Australia, and
    - b. authorised under paragraph 3(c) of the Consular Fees Act 1955, and
    - c. exercising his or her function in that place
  - engineer who is:
    - a. a member of Engineers Australia, other than at the grade of student, or
    - b. a Registered Professional Engineer of Professionals Australia, or
    - c. registered as an engineer under a law of the Commonwealth, a state or territory, or
    - d. registered on the National Engineering Register by Engineers Australia
  - finance company officer with 5 or more years of continuous service
  - holder of a statutory office not specified in another item in this list
  - judge
  - Justice of the Peace
  - magistrate
  - marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
  - master of a court
  - member of the Australian Defence Force who is:
    - a. an officer, or
    - b. a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service, or
    - c. a warrant officer within the meaning of that Act
  - member of the Australasian Institute of Mining and Metallurgy
  - member of the Governance Institute of Australia Ltd
  - member of:
    - a. the parliament of the Commonwealth, or
    - b. the parliament of a state; or
    - c. a territory legislature, or
    - d. a local government authority
  - minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
  - notary public, including a notary public (however described) exercising functions at a place outside:
    - a. the Commonwealth, and
    - b. the external territories of the Commonwealth
  - permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
  - permanent employee of:
    - a. a state or territory, or a state or territory authority, or
    - b. a local government authority with 5 or more years of continuous service, other than such an employee who is specified in another item of this Part
  - person before whom a statutory declaration may be made under the law of the state or territory in which the declaration is made
  - police officer
  - registrar, or deputy registrar, of a court
  - senior executive employee of a Commonwealth authority
  - senior executive employee of a state or territory
  - SES employee of the Commonwealth
  - sheriff
  - sheriff's officer
  - teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution.


### Contact us

Please sign and date this form and return it to us:


 Australian Catholic Superannuation and Retirement Fund  
PO Box 656, Burwood NSW 1805

 (02) 9715 0090

For more information contact our helpful staff:

 1300 658 776

 [www.catholicsuper.com.au](http://www.catholicsuper.com.au)

 [fundoffice@catholicsuper.com.au](mailto:fundoffice@catholicsuper.com.au)

 @AskAusCathSuper





Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
Print X in the appropriate boxes.
Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Address line 1

Address line 2

Suburb/town/locality

State/territory Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

Previous family name

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number? Branch number (if applicable)

ABN/Withholding payer number: 24680629023

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

A U S T R A L I A N C A T H O L I C

S U P E R A N N U A T I O N A N D

R E T I R E M E N T F U N D

4 What is your business address?

33 BURWOOD ROAD

Suburb/town/locality

BURWOOD

State/territory Postcode

NSW 2134

5 What is your date of birth? Day Month Year

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

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

7 Are you: (select only one)

An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

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

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold. Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

9 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

(b) Do you have a Financial Supplement debt?

Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

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

Signature Date Day Month Year

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

5 What is your primary e-mail address?

6 Who is your contact person?

Contact person name

Business phone number 1300658776

7 If you no longer make payments to this payee, print X in this box.

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

Signature of payer Date Day Month Year

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

Return the completed original ATO copy to: Australian Taxation Office PO Box 9004 PENRITH NSW 2740

IMPORTANT See next page for: payer obligations lodging online.

## Payer information

The following information will help you comply with your pay as you go (PAYG) withholding obligations.

### — Is your employee entitled to work in Australia?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Immigration and Border Protection website at [border.gov.au](http://border.gov.au)

### Is your payee working under a working holiday visa (subclass 417) or a work and holiday visa (subclass 462)?

Employers of workers under these two types of visa need to register with the ATO, see [ato.gov.au/whmreg](http://ato.gov.au/whmreg)

For the tax table "working holiday maker" visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

## Payer obligations

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables we publish. If the payee gives you another declaration, it overrides any previous declarations.

### Has your payee advised you that they have applied for a TFN, or enquired about their existing TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. **You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables.** After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax from future payments, unless we tell you not to.

### If your payee has not given you a completed form you must:

- notify us within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax from any payment to that payee.

- For a full list of tax tables, visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

## Lodging the form

You need to lodge TFN declarations with us within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). **You need to retain a copy of the form for your records.** For information about storage and disposal, see below.

You may lodge the information:

- **online** – lodge your TFN declaration reports using software that complies with our specifications. There is no need to complete section B of each form as the payer information is supplied by your software.
- **by paper** – complete section B and send the original to us within 14 days.

- For more information about lodging your TFN declaration report online, visit our website at [ato.gov.au/lodgetfndeclaration](http://ato.gov.au/lodgetfndeclaration)

## Provision of payee's TFN to the payee's super fund

If you make a super contribution for your payee, you need to give your payee's TFN to their super fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

## Storing and disposing of TFN declarations

The TFN Rule issued under the *Privacy Act 1988* requires a TFN recipient to use secure methods when storing and disposing of TFN information. You may store a paper copy of the signed form or electronic files of scanned forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new *TFN declaration* (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- has not received payments from you for 12 months, you must retain a copy of the last completed form for the current and following financial year.

### — Penalties

You may incur a penalty if you do not:

- lodge TFN declarations with us
- keep a copy of completed TFN declarations for your records
- provide the payee's TFN to their super fund where the payee quoted their TFN to you.