

B About you

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Postal address

SUBURB STATE POSTCODE

Phone BUSINESS HOURS AFTER HOURS


MOBILE NUMBER

Email

C Tax File Number (TFN)

We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your membership is created and before your benefit can be rolled over to another fund using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

TFN

 Sign

SIGNATURE

Date signed / /

D Privacy note

Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via css.gov.au or by contacting us on **1300 000 277**, for the purpose of managing your super. This includes the management of superannuation investments, providing superannuation products and information, the administration of accounts, conducting market research and product development. The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.


End Form

 **Need assistance? Call us on the phone numbers below**


 Email
formsandapplications@csc.gov.au


 Phone
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 Financial Advice
1300 277 777

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