

Tax File Number

Member Services Centre 13 43 72 Facsimile 1800 300 067 gesb.com.au
PO Box J 755, Perth WA 6842 Level 4 Central Park, 152 St Georges Terrace, Perth

Use this form to provide us with your Tax File Number (TFN). Did you know that you can also provide your TFN via Member Online anytime? If you visit Member Online at gesb.com.au, there is no need to complete this form.

Before you provide us with your Tax File Number please note:

If you provide your Tax File Number, it will only be used for purposes approved by the law. The purposes currently authorised include:

- Taxing superannuation benefits at concessional rates
- Locating and amalgamating your superannuation benefits where other information is insufficient
- Passing your Tax File Number to the Australian Tax Office (ATO) where you receive a benefit
- Passing your Tax File Number to the ATO so they can determine any Superannuation Contributions Surcharge that may be payable
- Passing your Tax File Number to another superannuation fund that will be receiving any benefits you may transfer.

You are not required to provide your Tax File Number. Declining to provide your Tax File Number is not an offence. However, if you do not provide your Tax File Number:

- You may pay more tax on your superannuation benefits than you have to
- Super contributions made by your employer (including salary sacrifice contributions) may be taxed at an extra 31.5%
- We may be unable to accept your personal, after-tax contributions which could affect your eligibility for the Government Super Co-contribution
- You may be unnecessarily liable for the Superannuation Contributions Surcharge in relation to contributions pre 1 July 2005
- It may be more difficult to locate and amalgamate your superannuation benefits in the future.

The purpose for which your Tax File Number can be used and the consequences of not quoting it may change in the future as a result of changes in the law.

For more information on providing your Tax File Number you can telephone the ATO Superannuation Helpline on 13 10 20.

YOUR DETAILS

Please provide your GESB Member Number and personal details.

GESB Member Number

Mr Mrs Miss Ms Other

Surname (Family Name) please print

Given Names

Date of Birth / / Male Female

Postal Address (If different from residential)

Postcode

Email Address

Telephone – Home

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Telephone – Work

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Telephone – Mobile

Tax File Number

I do not wish for my Tax File Number to be passed onto another superannuation fund (please ✓)

Your Signature

Date

 / /

SECTION 1 POST TO GESB

Post your form to:

GESB
PO Box J 755
Perth WA 6842
Facsimile 1800 300 067