## Provide your tax file number

1800 005 166

info@caresuper.com.au

GPO Box 1547, Hobart TAS 7001

| Section 1                    | Member number  | Account number  |
|------------------------------|--|---|
| Your details                 |  |   |
|                              | Date of birth (DD MM YYYY)   |   |
|                              | Last name  |   |
|                              |  |   |
|                              | Given name(s)  |   |
|                              |  |   |
|                              | facility provided by the Australian T that any ATO held monies identified account. This authorisation will rem  I allow my TFN to be provided to the true  You don't have to provide your TFN, but   | stee of a new fund if I transfer my benefit:  Yes  No  you may pay extra tax, miss out on government contributions. Read our <i>How super works</i> guide available |
| Section 2 Member declaration | I declare that:  • the information provided by me is true and correct  • I've read CareSuper's <i>Privacy policy</i> available at caresuper.com.au/privacy-policy and understand how my personal information will be used  Your signature  Date (DD MM YYYY) |   |
|                              |  |   |





Return the completed, signed and dated form via:

- upload using the Contact Us portal in Member Online
- email to info@caresuper.com.au
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001