

Tax File Number Declaration

Purpose of this form

 $Please\ complete\ this\ form\ if\ you\ are\ under\ 60\ and\ wish\ to\ re-lodge\ your\ taxation\ options\ to\ the\ Australian\ Taxation\ Office.$

A. Taxation options

lember details		
Your Tax File Number (TFN): OR		
You have an individually issued Exemption Code:		
You have made a separate application/enquiry to the ATO for a new or existing TFN, OR		
You are claiming an exemption because you are under 18 years of age and do not earn enough to pay tax, OR		
You are claiming an exemption because you are in receipt of a pension, benefit or allowance.		
2. Your name		
itle		
Mr Mrs Ms Other Other		
Given name(s)		
Surname		
3. If you have changed your name since you last dealt with the ATO, show your previous family name		
4. Your date of birth		
5. Your home address in Australia		
treet number and name		
uburb State Postcode		
Country (if other than Australia)		



6. Basis of payment		
Full-time employment Part-time employment Casual employment		
Labour hire Superannuation Pension OR Annuity		
7. Are you an Australian resident for taxation purposes?		
Yes No If 'No', you must answer 'No' at Question 8		
8. Do you wish to claim the tax-free threshold from this payer?		
∟Yes ∟No		
Note: 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.		
B. Declaration		
I declare that the information I have given on this form is true and correct.		
Before providing your TFN to the Trustee, the Trustee is required to tell you the following:		
• The Trustee is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. This legislation also requires your employer to pass your TFN to Clearview if you have given it to them for superannuation purposes.		
 Your TFN will be used for legal purposes only. This includes finding or identifying your superannuation benefits, calculating tax on superannuation payments and providing information to the ATO to enable it, amongst other things, to calculate the surcharge payable, if any. These purposes may change in the future. Your TFN may be provided to another superannuation plan or retirement savings account provider that receives any transferred benefits in the future, unless you notify the Trustee in writing not to forward the TFN. Apart from these uses, your TFN will be kept confidential. 		
It is not an offence to not supply your TFN.		
If you choose not to supply your TFN:		
 You may be subject to more tax than you would otherwise pay on your contributions and the payments you receive from ClearView. 		
It may be more difficult to locate your superannuation benefits.		
Signature of applicant	Date signed	
X	DDMMYYYY	
Note: There are penalties for deliberately making a false or misleading statement.		
To be completed by payer		
1. ABN		
45 828 721 007		
2. Not applicable		
3. Payer's registered business name		
CLEARVIEW RETIREMENT PLAN		
4. Contact person	Daytime telephone	
Lauren Beattie	132 977	
Signature of payer	Date signed	
Lauren Beattie	D D M M Y Y Y Y	



We are committed to handling your personal information and sensitive information in a secure manner and in accordance with the Privacy Act 1988 (Cth). For a copy of our Information Handling Policy refer to **clearview.com.au**

Sending your Form

Please send the form to us via your email address on file or mail.

Mailing address: Email address:

ClearView Wealth client.wealth@clearview.com.au Reply Paid 4232

Sydney NSW 2001

If you have any questions or need help please call our Service Centre on 132 977.