

# Tax File Number notification

## Important information

**Please note:** Changes will be made effective the date your completed documentation is received at our principal office of administration.

### 1. Personal details

(All fields must be completed)

Account number<sup>1</sup>

(If changing your name and/or address, please write your name and/or address that was last notified.)

Title

Date of birth

Given name(s)

Surname

Postal address

Suburb

State

Postcode

Country

Residential address

Suburb

State

Postcode

Country

Mobile number

Alternate phone number

Email address

### 2. Tax File Number (TFN) requirements

Please complete this section if you have not previously quoted your TFN to the Trustee.

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect, use and disclose your TFN. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that we are not authorised to do so.

It is not an offence to choose not to quote your TFN. However, giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all the types of contributions that are able to be made to your account(s)
- other than the tax that may ordinarily apply, you will not pay more tax than you need to. This affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

TFN

### 3. Declaration and acknowledgement

By signing this request form I declare as follows:

- I declare that the information provided on this form is correct.
- I request that your records be updated to reflect the changes indicated.

Member's signature

Date of birth

<sup>1</sup> Depending on the type of product the member has, this may be referred to as a policy, member, account, contract or client number.

## Where to send this form

This form must be mailed to:

Resolution Life  
Locked Bag 5075  
Parramatta NSW 2124

**Contact phone number**

133 731

between 9 am and 5 pm (AEST/AEDT), Monday to Friday,  
excluding public holidays.

You can also email a scanned copy to  
[au.service@resolutionlife.com.au](mailto:au.service@resolutionlife.com.au).

## What you need to know

Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L00001458 (Trustee) as trustee of the Super Retirement Fund ABN 40 328 908 469 (Fund) is the issuer of this product.

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) and AIA Australia Limited ABN 79 004 837 861, AFSL No. 230043 (AIAA) are the issuers of life insurance policies to the Trustee for this product. The Trustee, as owner of the life insurance policies, will receive the applicable benefit from Resolution Life and AIAA, and in turn provides the benefit to eligible Fund members.

The information contained in this document is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you.

Resolution Life can be contacted via [resolutionlife.com.au/contact-us](https://resolutionlife.com.au/contact-us) or by calling 133 731.