Tax File Number or Exemption notification

What are your personal details?			
First account holder			
Title Mr Mrs Ms Miss Other		Member no.	
First names		Surname	
Tax File Number			
OR Exemption (see below)			
Second account holder (if applicable)			
Title Mr Mrs Ms Miss Other		Member no.	
First names		Surname	
Tax File Number			
OR Exemption (see below)			
Exemption			
Collection of tax file numbers is authorised and its use and disclosure are strictly regulated by the tax laws and Privacy Act and, it is not an offence if you choose not to quote your tax file number. If you don't quote your tax file number, or claim an exemption, tax may be taken out of your interest or dividends. For more information about the use of tax file numbers, please phone the Australian Tax Office on 13 28 65. For exemptions, the following qualify and should be noted in the exemption section of this form. Pensioners Provide the full name of the pension you receive, e.g. age, widow B, disability support, sole parenting payment, wife, special benefit, carer payment, special needs or service pension or income support supplement. Joint accounts If you have an account with another person, both account holders' TFNs, or exemptions should be quoted. Children under 16 Provide the child's date of birth. A child is treated as being under 16 until the end of the calendar year in which they turn 16. If the child is aged less than 16 and investment income is less than \$420 per year then the child does not need to quote their TFN, but needs to provide their date of birth. If the child is aged less than 16 and investment income is \$420 or greater per year then the child needs to quote their TFN, otherwise PAYG tax at 49.0% will be withheld. Non-profit organisations Some of these organisations are not required to lodge a tax return. Anyone eligible to represent a non-profit organisation can quote its TFN or ABN, or claim an exemption.			
Please sign below in black pen only			
Refer to the Fees and charges brochure for details on fees and charges.			
First account holder (if applicable)			
Signature	Date	Signature	Date
Member no Returning this form			
Member no Operator no Date actioned		Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128	
Sig verified by (02) 9704 8203			