

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 Taxation 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

Signature Date

Second account holder (if applicable)

Signature Date

Office use
only

Member no

Operator no

Date actioned

Sig verified by

Returning this form



Firefighters Mutual Bank
Reply Paid 7501 Silverwater NSW 2128



(02) 9735 9227



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