

2. Investor details (continued)

Residential address (mandatory)

unit number	street number
<input type="text"/>	<input type="text"/>
street name	
<input type="text"/>	
suburb	
<input type="text"/>	
state	postcode
<input type="text"/>	<input type="text"/>
country	
<input type="text"/>	
phone (business hours)	phone (after hours)
<input type="text"/>	<input type="text"/>
mobile	fax
<input type="text"/>	<input type="text"/>
email address	
<input type="text"/>	

An email address is a requirement of WealthFocus Wholesale.

Provide your email address and we will provide you with email notification of new account correspondence as it becomes available for viewing online.

Postal address (optional)

c/- (if applicable)		
<input type="text"/>		
po box	unit number	street number
<input type="text"/>	<input type="text"/>	<input type="text"/>
street name		
<input type="text"/>		
suburb		
<input type="text"/>		
state	postcode	country
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Authorised representative

Would you like to appoint an authorised representative? Before appointing an authorised representative, refer to the PDS.

no	<input type="checkbox"/>	please go to section 4			
yes	<input type="checkbox"/>	please complete the details below.			
Online Account Access for my authorised representative					
<input type="checkbox"/>	view and transact (default)	or <input type="checkbox"/>	view only	or <input type="checkbox"/>	no access

3. Authorised representative (continued)

Authorised representative details:

first name(s)	
last name	

Postal address

c/- (if applicable)			
po box	unit number	street number	
street name			
suburb			
state	postcode	country	
signature of authorised representative			date
			/ /

4. Employment status

Your application cannot be processed if this section has not been completed.

- I have met a condition of release that allows access to my superannuation benefits.
- I have reached my preservation age but I am still working.
We will open a transition to retirement pension for you within the Wholesale Pension Plan.

5. Contribution/rollover details

Source of funds being invested (Tick most relevant option)

retirement savings	<input type="checkbox"/>	employment income	<input type="checkbox"/>	business activities	<input type="checkbox"/>	sale of assets	<input type="checkbox"/>
inheritance/gift	<input type="checkbox"/>	financial investments	<input type="checkbox"/>	other			

How will this investment be made? NOTE: Cash is not accepted

- Make cheques payable to: PIML – PWFABP – [insert name of applicant]

Transfer from WealthFocus Super Plan/WealthFocus Wholesale Super Plan

account number:

Amount to be transferred

entire balance as a product transfer from WealthFocus Super Plan/WealthFocus Wholesale Super Plan to WealthFocus Wholesale Pension Plan¹

or

partial amount \$ from investment option

¹ Please transfer my WealthFocus Super Plan/WealthFocus Wholesale Super Plan to the same investment options and allocation in WealthFocus Wholesale Pension Plan. To receive the waiver of buy/sell spreads you need to transfer to the same investment options in the same amounts as you are currently invested in WealthFocus Super Plan/WealthFocus Wholesale Super Plan. Do not complete the initial investment column in section 7 unless you have additional rollovers and/or contributions.

Note: If you select product transfer and have completed the initial investment column in section 7, the waiver of buy/sell spreads will apply to the transferred amounts from WealthFocus Super Plan/WealthFocus Wholesale Super Plan and the investment strategy as indicated in section 7 will be applied to any additional amounts received for you.

5. Contribution/rollover details (continued)

**Transfer from an existing Perpetual super account
(apart from WealthFocus Super Plan/WealthFocus Wholesale Super Plan)**

account number:

Amount to be transferred

entire balance

or

partial amount \$

Transfer from a super or pension fund outside Perpetual

Please provide the details below. You will also need to complete the 'Transfer authority' form for each rollover being requested and send it to your previous superannuation provider. Please indicate below the amount of your rollover.

Previous institution	Policy/Account number	Approximate amount
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

We will only commence your pension after we have received all the rollovers listed above.

Contributing ordinary (non-superannuation) money.

Please indicate on the next page the amount of your contributions. These funds will be invested initially in the Wholesale Super Plan in the Perpetual Cash investment option and on the same day invested in the Wholesale Pension Plan according to your investment instructions in section 7.

Contribution Limit Reminder An annual limit of \$30,000 (indexed) applies to concessional contributions and generally \$180,000 for non-concessional contributions. For people aged 49 or over higher concessional contribution limits may apply. Members under age 65 can make non-concessional contributions of up to three times the non-concessional contributions cap over a three-year period under the 'bring forward' option. You should speak to your financial adviser about these limits when considering your situation. Contributions made in excess of the above limits will effectively be taxed at the highest marginal rate.

5. Contribution/rollover details (continued)

Contribution type	Amount
<p>Eligibility to contribute: Please tick one of the following boxes to indicate you are eligible to contribute (refer to the WealthFocus Wholesale Super Plan PDS).</p> <p><input type="checkbox"/> I am under age 65</p> <p><input type="checkbox"/> I am age 65 to 75 and have worked for at least 40 hours in a period of 30 consecutive days in this financial year ending 30 June.</p>	
<p>Personal contribution</p> <p>Are you claiming a tax deduction? If no selection is made we will assume you will not be claiming a tax deduction for this amount.</p> <p><input type="checkbox"/> yes, please specify dollar amount of deduction. This is your notice to us of the amount you intend to claim as a tax deduction in relation to section 290–170 of the Income Tax Assessment Act 1997. We will deduct 15% contributions tax from the amount indicated in the next column. We will send you an acknowledgement of the amount you are claiming which you will need to keep for tax purposes.</p> <p><input type="checkbox"/> no</p>	<p style="text-align: center;">\$</p> <p style="text-align: center;">\$</p> <p>(If no amount is indicated, we will assume you are claiming the full amount as a deduction).</p>
employer contribution	\$
spouse contribution	\$
CGT contribution¹	\$
personal injury payment²	\$
TOTAL	\$

By completing this section you confirm that you have read, understood and agree to be bound by the terms and conditions of the Wholesale Super Plan PDS.

1 You will also need to complete a CGT cap election form (available from the ATO). We will not invest your money in the WealthFocus Wholesale Pension Plan until we receive this form.

2 You will also need to complete a contribution for personal injury form (available from the ATO). We will not invest your money in the WealthFocus Wholesale Pension Plan until we receive this form.

6. Features

A condition of receiving the management fee rebate is that you receive your reporting online. You can request a paper copy of your statements and an annual report free of charge on an ad hoc basis. You can also request paper based reporting on a permanent basis, but you will no longer fulfil the eligibility criteria to receive the management fee rebate.

Indicate which optional features you would like applied to your account	Frequency (if applicable)
<p>Dollar cost averaging plan</p> <p>If no frequency is selected, monthly will be assumed</p> <p>► Note: you cannot select both dollar cost averaging and auto-rebalancing for the same account.</p>	<p>fortnightly <input type="checkbox"/></p> <p>monthly (default) <input type="checkbox"/></p> <p>quarterly <input type="checkbox"/></p>
<p>Auto-rebalancing</p> <p>If no frequency is selected, quarterly will be assumed</p> <p>► Note: you cannot select both dollar cost averaging and auto-rebalancing for the same account.</p> <p>► If you are investing in Perpetual Geared Australian investment option you must tick 'Yes' to the auto-rebalancing feature and complete the 'investment strategy' column in section 7.</p>	<p>quarterly (default) <input type="checkbox"/></p> <p>half-yearly <input type="checkbox"/></p> <p>yearly <input type="checkbox"/></p>
<p>Investor Online Account Access</p> <p>Note: an email address is required to register you for online account access</p>	<p>n/a</p>
<p>Financial adviser Online Account Access</p> <p>Note: your financial adviser can access information about your account online</p>	<p>n/a</p>
<p>Marketing material</p> <p>I would like to receive investment education material and be informed about Perpetual's products, services and offers</p>	<p>n/a</p>
<p>Nomination of beneficiary</p> <p>If you would like to nominate a beneficiary (including reversionary pensioner) to receive your benefit on death complete the 'Nomination of beneficiary' form</p>	<p>n/a</p>

- For each optional feature you have selected, please ensure you have read and understood the 'Operating your account' section in the PDS for that optional feature.
- If you have nominated an optional feature above, please ensure you complete all details in the relevant columns of the table in section 7.

7. Investment allocation

Investment options	short code	initial investment	pension payment drawdown and investment strategy for auto-rebalance			dollar cost averaging plan (if applicable)
	ABP	\$ or %	%	or	order ¹	%
Cash						
Perpetual Cash	APCA					
Fixed income						
Bentham Global Income	PIPCSG					
BlackRock Monthly Income	PIPMER					
Macquarie Income Opportunities	PIPUBY					
OnePath Diversified Fixed Interest	PIPNGI					
Perpetual Diversified Income	PIPDIN					
Perpetual Dynamic Fixed Income	PIPARF					
Schroder Fixed Income	PIPDAB					
Vanguard Australian Fixed Interest Index	PIPVGY					
Property						
AMP Capital Global Property Securities	PIPAMG					
BT Property Securities	PIPHSP					
Ironbark Global Property Securities	PIPRGP					
Vanguard Australian Property Securities Index	PIPVGP					
Infrastructure						
Goldman Sachs Australian Infrastructure	PIPJBW					
Lazard Global Listed Infrastructure	PIPLGL					
Australian shares						
Arnhem Australian Equity	PIPAAA					
Ausbil Australian Active Equity	PIPUBA					
Ausbil Australian Emerging Leaders	PIPELF					
BlackRock Scientific Australian Equity	PIPBGA					
BT Australian Share	PIPBTA					
Colonial First State Equity Income	PIPASA					
Fidelity Australian Equities	PIPFID					
Hobson Australian Shares Active	PIPITA					
Investors Mutual Australian Share	PIPIMA					
Investors Mutual Future Leaders	PIPIMS					
Maple Brown Abbott Australian Share	PIPADA					
Perennial Value Shares	PIPVSF					

7. Investment allocation (continued)

Investment options	short code	initial investment	pension payment drawdown and investment strategy for auto-rebalance		dollar cost averaging plan (if applicable)
			%	or order ¹	
	ABP	\$ or %	%		%
Perpetual Australian Share	APAS				
Perpetual Concentrated Equity	PIPCEF				
Perpetual Ethical SRI	PIPSRF				
Perpetual Geared Australian	PIPGAF	(max 30%)	(max 30%)		(max 30%)
Perpetual Industrial Share	APIS				
Perpetual SHARE-PLUS Long-Short	PIPSPF				
Perpetual Smaller Companies	APSC				
Schroder Australian Equity	PIPSCH				
Solaris Core Australian Equity	PIPCFA				
Vanguard Australian Shares Index	PIPVGA				
International shares					
Aberdeen Actively Hedged International Equities	PIPCSI				
AMP Capital Global Equity Value	PIPAXI				
BlackRock Global Small Cap	PIPJBO				
BT International Share	PIPJBI				
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged)	PIPBGI				
Magellan Global	PIPAAI				
MFS Global Equity	PIPMFG				
Perpetual Global Share	APIT				
Platinum Asia	PIPPAF				
Platinum International	PIPPLI				
T. Rowe Price Global Equity	PIPTRP				
Vanguard International Shares Index (Hedged)	PIPVGI				
Walter Scott Global Equity (Hedged)	PIPWSG				
Zurich Investments Global Thematic Share	PIPZUG				
Diversified – conservative					
BlackRock Scientific Diversified Stable	PIPBGC				
Ibbotson Conservative Growth	PIPITC				
Perpetual Conservative Growth	APCG				
UBS Defensive Investment	PIPUBC				

7. Investment allocation (continued)

Investment options	short code	initial investment	pension payment drawdown and investment strategy for auto-rebalance		dollar cost averaging plan (if applicable)
	ABP	\$ or %	%	or order ¹	%
Diversified – balanced					
Ibbotson Balanced Growth	APBLB				
Perpetual Diversified Growth	APDG				
Perpetual Diversified Real Return	PIPDRR				
Diversified – growth					
BlackRock Balanced	PIPUBB				
BlackRock Scientific Diversified Growth	PIPBGG				
Ibbotson Growth	APBLG				
OnePath Tax Effective Income	PIPINY				
Perpetual Balanced Growth	APBG				
Perpetual Split Growth	APSG				
Schroder Balanced	PIPSCG				
Alternatives					
Aspect Diversified Futures	PIPADF				
Total			100%		100%

¹ This option is not available if you have auto-rebalancing.

8. Pension payment details (must be completed)

I would like to receive my pension payments:

<input type="checkbox"/> twice monthly	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> half yearly	<input type="checkbox"/> yearly
--	----------------------------------	------------------------------------	--------------------------------------	---------------------------------

I would like my pension payment amount to be:

<input type="checkbox"/> minimum	<input type="checkbox"/> maximum (only applicable to TTR pensions)	or
specify an amount (before tax) of: \$ <input type="text"/> pa or \$ <input type="text"/> per payment		

I would like my specified payments to automatically increase each year (not applicable to TTR pensions):

<input type="checkbox"/> no	<input type="checkbox"/> yes, by an amount of <input type="text"/> %	<input type="checkbox"/> yes in line with CPI
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I would like to receive my first pension payment on the (please choose only one):

<input type="checkbox"/> 6th	<input type="checkbox"/> 13th	<input type="checkbox"/> 20th	<input type="checkbox"/> 27th	of	<input type="text"/>	(month)
(subject to all documents being received five working days in advance)						

9. Payment bank account details

Please provide your bank account into which all payments are deposited. The account can be in your name or a joint account of which you are one of the account holders.

Bank account

financial institution	
<input type="text"/>	
branch	
<input type="text"/>	
BSB	account number
<input type="text"/> - <input type="text"/>	<input type="text"/>
account name	
<input type="text"/>	
<input type="text"/>	

10. Member advice fee

Complete this section if you have agreed with your financial adviser to have an ongoing and/or one-off member advice fee deducted. In collecting this fee, Perpetual acts as an agent for your financial adviser.

ongoing fee (including GST less any RITC available to the Fund)	
<input type="text"/> % per annum	or \$ <input type="text"/> per month
The ongoing member advice fee is to be paid:	
<input type="checkbox"/> as a deduction pro rata across my investment portfolio (default) or	
from my <input type="text"/>	investment option.

13. Declaration and signature

I declare and agree that:

- I have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for WealthFocus Wholesale Pension Plan and confirm I accept this offer in Australia
- all of the information provided in my application is true and correct
- I have read and understood the privacy disclosure as detailed in the PDS. I consent to my personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I consent to Perpetual disclosing this information to my intermediary (named in this form) in relation to the investments described in this form. Where the intermediary named in this form no longer acts on my behalf, I will notify Perpetual of the change
- If I have received the PDS from the internet or other electronic means that I received it personally or a print out of it, accompanied by or attached to this application form
- I have read, understood and agree to be bound by, any additional restrictions in the PDS and any incorporated material and I agree to be bound by the provisions of the Trust Deed (as amended from time to time)
- If applicable, in the case of contributions, that I have
 - read and understood the contribution eligibility rules in the WealthFocus Wholesale Super Plan PDS and that I am eligible to make or have contributions made for my benefit,
 - met a condition of release,
 - not yet lodged my income tax return for the current year of income and not yet commenced a superannuation income stream based in whole, or part, on the contributions for which I am claiming a personal tax deduction
- I authorise Perpetual to quote my TFN to the Australian Taxation Office (ATO)
- I authorise Perpetual to obtain information from the ATO regarding my superannuation account in relation to my TFN, PAYG or other superannuation tax-related matters
- where I have agreed to pay my financial adviser a member advice fee, this fee is for financial advice received relating to my investment in the Wholesale Pension Plan.

I acknowledge that:

- Perpetual is required to provide information to the ATO regarding any superannuation account
- neither the Trustee nor any other company in the Perpetual Group guarantees the repayment of capital or the performance of the Wholesale Pension Plan or any investment option
- a condition of receiving the management fee rebate is that Online Account Access is available to me and Perpetual will not mail information which can be obtained online. From time to time Perpetual may still need to send me mail
- Perpetual may contact me where required by using the email address provided on the application form. I will notify Perpetual of any change to my email address. I understand that failure to advise such a change may result in me not receiving correspondence relating to my investment.

Perpetual Geared Australian investment option

(You must read and tick the box below if you have chosen to invest in the Perpetual Geared Australian investment option)

I have thoroughly read the ‘Understanding investment risk’ section, ‘Gearing risk’ section and ‘Investment limits’ section of the Features Book. I understand the greater risks associated with my selection of this investment option and that it has a suggested investment timeframe of seven years or more.

I acknowledge and accept that, if the value of my investment in this investment option has risen above or fallen below my nominated percentage allocation (or the default percentage allocation if I do not make a nomination) at my nominated review date (or the default frequency if I do not make a nomination) it will be automatically rebalanced to my nominated percentage allocation (or default percentage allocation) across my investments. I acknowledge that the buy/sell spread will apply to this rebalancing transaction.

Before you sign this application form, the Trustee or financial adviser is obliged to give you a PDS (which is a summary of important information relating to the Wholesale Pension Plan). The PDS will help you to understand the product and decide if it is appropriate to your needs.

signature of member		date	<input type="text"/> / <input type="text"/> / <input type="text"/>
print name			

Please ensure you also sign section 10 of this application form if you are paying a member advice fee to your financial adviser.

<p>Important notes:</p> <ul style="list-style-type: none"> • If signing under power of attorney, the attorney certifies that he or she has not received notice of revocation of that power. The power of attorney, or a certified copy, must be sent to Perpetual, if not previously provided. • Perpetual has the absolute discretion to accept or reject any application. • Investors should retain a copy of the PDS during the life of this PDS. • A business day is a working day for Perpetual in Sydney. 	<p>Final checklist</p> <p>Have you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed all sections of your application form? <input type="checkbox"/> Signed your application form? <input type="checkbox"/> If required, completed a tax file number declaration form? <input type="checkbox"/> Provided your financial adviser certified copies of your identification material? <input type="checkbox"/> OR if you don't have a financial adviser have you enclosed certified copies of your identification material? <p>Please send your completed application form to:</p> <p>Reply Paid 4171 Perpetual WealthFocus Wholesale Pension Plan GPO Box 4171 Sydney NSW 2001</p>
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14. Identification verification (must be completed)

The identity documentation requested below is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. **We cannot process your application without this information.**

Identity documentation

Please provide a document from Part I. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

- **If you are applying directly with Perpetual** - You will need to provide a certified copy of the document(s) with your application.
- **If you are lodging this application through a financial adviser** - You may provide a certified copy with your application OR have your financial adviser sight an original or certified copy of your document(s) and complete the 'Record of verification procedure' section in this form.

PART I – Primary ID documents
PROVIDE ONE OF THE FOLLOWING:
<input type="checkbox"/> current Australian State / Territory driver's licence containing your photograph
<input type="checkbox"/> Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/> current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
<input type="checkbox"/> current foreign passport or similar travel document containing your photograph and signature

OR

PART II – should only be completed if you do not own a document from Part I
PROVIDE ONE OF THE FOLLOWING:
<input type="checkbox"/> Australian birth certificate
<input type="checkbox"/> Australian citizenship certificate
<input type="checkbox"/> concession card such as a pension, health care or seniors health card issued by the Department of Human Services (excludes Medicare cards)
AND PROVIDE ONE VALID DOCUMENT FROM THE FOLLOWING:
<input type="checkbox"/> a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
<input type="checkbox"/> a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.
<input type="checkbox"/> a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)

OR

PART III – should only be completed if you do not own document(s) from Part I OR Part II
BOTH documents from this section must be provided
<input type="checkbox"/> foreign driver's licence that contains a photograph of you and your date of birth
<input type="checkbox"/> national ID card issued by a foreign government containing your photograph and your signature

Any documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

14. Identification verification (continued)

How to certify your documents

A certified copy means a document that has been certified as a true and correct copy of a document by a person in one of the occupations listed below, including all persons described in the Statutory Declarations Regulations 1993.

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- A bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax Accountants' Association
- A judge of a court, Justice of the Peace or magistrate
- A legal practitioner
- A medical practitioner including dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- A police officer
- A teacher employed on a full-time basis at a school or tertiary education institution
- An accountant who is a member of the Institute of Chartered Accountants in Australia, CPA Australia, the National Institute of Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- An Australian Financial Services Licence holder or their authorised representative (includes any licensed financial adviser) with a minimum of 2 years continuous service

IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents OR
- agreed that your financial adviser will complete the 'Record of verification procedure' below.

Record of verification procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1	Document 2
verified from	<input type="checkbox"/> original <input type="checkbox"/> certified copy	<input type="checkbox"/> original <input type="checkbox"/> certified copy
document name/type		
document issuer		
issue date		
expiry date		
document number		
accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> sighted	<input type="checkbox"/> N/A <input type="checkbox"/> sighted

By completing and signing this record of verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative and
- the information provided in relation to the residency status for tax purposes is reasonable considering the identity documentation provided.

AFS licensee name	<input type="text"/>	AFSL number	<input type="text"/>
representative/employee name	<input type="text"/>	phone number	<input type="text"/>
signature	<input type="text"/>	date verification completed	<input type="text"/>

NOMINATION OF BENEFICIARY

1. Member details

client number		account number	
first name(s)			
last name			
phone (after hours)		phone (business hours)	

2. Beneficiary details

Please read the 'Important notice for beneficiary nominations' on the following page before you complete this section.

If you want all or part of the benefit to be paid to your estate (and distributed in accordance with your Will) you should write 'LPR' in the field titled 'relationship to member' (LPR is an abbreviation for Legal Personal Representative).

You are only able to nominate ONE reversionary beneficiary.

Beneficiary 1

first name(s)			
last name			
date of birth	/	/	relationship to member

Beneficiary 2

first name(s)			
last name			
date of birth	/	/	relationship to member

Beneficiary 3

first name(s)			
last name			
date of birth	/	/	relationship to member

Nomination type (only choose one)

Binding or Non-binding or Reversionary beneficiary

Beneficiary 1		%
Beneficiary 2		%
Beneficiary 3		%
Total		100%

If you elect to make a binding nomination you must complete section 4 on the following page for your nomination to be effective.

3. Declaration by member (must be completed)

I direct the Trustee to distribute the benefit payable in respect of me in the event of my death in accordance with this form.

member signature	date
------------------	------

4. Declaration by witnesses (Binding nomination only)

I declare that I am over the age of 18 and this binding nomination was signed by the member in my presence. Please ensure that the date each of the witnesses signs this form is the same as the date the member signs, otherwise this nomination will not be valid.

Witness 1

first name(s)																	
last name																	
postal address																	
suburb						state						postcode					
signature											date						

Witness 2

first name(s)																	
last name																	
postal address																	
suburb						state						postcode					
signature											date						

Important notice for beneficiary nominations

- You are able to make a binding nomination, a non-binding nomination or a reversionary beneficiary nomination. Any reversionary beneficiary nominated must be over 18 years of age.
- If you have a reversionary beneficiary nomination in place you are not able to then request a binding or non-binding nomination.
- A reversionary beneficiary nomination is generally irrevocable.

For the purpose of paying a death benefit, a dependant is:

- a person who is financially dependent upon you at the date of death or
- a child, adopted child, step-child, ex-nuptial child or
- a spouse (including a de facto spouse) or
- a person with whom you have a close personal relationship and share a residence with and one or each of you provides the other with financial support, domestic support and personal care or
- a person with whom you have a close personal relationship, but the other requirements detailed above aren't satisfied because either or both of you suffer from a physical, intellectual or psychiatric disability.

Binding nomination rules

- In order to be effective, a binding nomination must be signed by two witnesses who are at least 18 years old and who are not named in this nomination form. Also, in order to have effect, this form must be delivered to the Trustee.
- Only your dependants or legal personal representative are eligible to receive your death benefit. Eligibility of a nominated person is determined at the date of your death.
- A binding nomination is effective for three years after the day it was first signed, or last confirmed or amended by the member. If you wish to confirm your nomination for another three years, you may do so by providing a signed notice to that effect to the Trustee.
- Your binding nomination will also cease to have effect if you subsequently marry, remarry or divorce.
- If you wish to amend or revoke your binding nomination you may do so by providing a notice to that effect to the trustee witnessed in the same manner as your original nomination (by two persons over the age of 18 years who are not named in the nomination form). We will provide a form for this purpose upon request.
- If a dependant nominated to receive a benefit predeceases the member or if a person nominated is not a dependant or legal personal representative at the time of death, that person's benefit will be distributed equally amongst the surviving nominated dependants or current legal personal representative. If there are no surviving nominated dependants or nominated legal personal representative it will be paid in accordance with the Trustee's discretion.
- You must provide all details requested in this form. If you do not, the Trustee may need to contact you to obtain further information. In the absence of certain information, the rules governing binding nominations adopted by the Trustee provide for the following:
 - If you fail to specify any proportion, the benefit will be distributed equally amongst those persons nominated who are eligible to receive a benefit. If you do nominate percentages in respect of all nominated persons but the sum of the percentages is other than 100%, the percentages will be adjusted proportionately.
 - If you specify a proportion in respect of some but not all of the nominated persons the residual amount will be distributed equally amongst those nominated persons in respect of whom no proportion is specified. In the event there is no residual amount, no benefit will be paid to those persons in respect of whom no proportion is specified.

TRANSFER AUTHORITY

1. Applicant details

You must complete a separate Transfer authority for each fund you are transferring from. Please photocopy as many forms as you need and send to each fund you are rolling your money from. We will follow up outstanding rollovers with the rollover institution on two occasions within the first 60 days of receiving your application.

title	Mr	Mrs	Miss	Ms	Other		date of birth	/	/				
first name(s)													
last name													
other/previous names													
tax file number ¹													
<small>1 Under the superannuation industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences if you do not provide it.</small>													
gender	male	female											
phone (after hours)							phone (business hours)						
residential address													
suburb							state			postcode			
If the address held by your 'FROM' fund is different to your current address, please give details below.													
previous address													
suburb							state			postcode			

2. Fund details

FROM	TO
fund name	Perpetual WealthFocus
fund address	Superannuation Fund – Pensions
fund phone number	1 8 0 0 0 2 2 0 3 3
membership or account number	
Australian business number (ABN)	4 1 7 7 2 0 0 7 5 0 0
Unique superannuation identifier	P E R 0 4 0 3 A U
	You must check with your TO fund to ensure they can accept this transfer.

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

I authorise the transfer of the total value or partial value \$ of my benefit in the above superannuation fund or policy to: Perpetual Superannuation Limited, Perpetual WealthFocus Wholesale Pension Plan, GPO Box 4171, Sydney NSW 2001.

Send the Rollover Benefit Statement directly to Perpetual.



COMPLIANCE LETTER

This letter can be provided to the fund you are rolling over from in order to confirm that Perpetual WealthFocus Wholesale Pension Plan is part of a complying fund.

To Whom It May Concern,

**Perpetual WealthFocus Superannuation Fund
(Perpetual WealthFocus Allocated Pension Plan)**

RSE Registration No. R1057010

Australian Business Number (ABN): 41 772 007 500

Superannuation Product Identification Number (SPIN): PER0403AU (Account Based Pension)

Unique Superannuation Identifier	PER0403AU
Account Name	PIML WealthFocus Pension
BSB	082001
Account Number	647158706
Electronic Address	http://supergate.superchoice.com.au/exchange/superstream

Perpetual WealthFocus Superannuation Fund (the Fund) is a complying superannuation fund constituted under a trust deed dated 26 May 1995 (as amended) (Trust Deed). The Trustee of the Fund is Perpetual Superannuation Limited.

The Trust Deed complies with the preservation and portability standards currently imposed on complying superannuation funds under the Superannuation Industry (Supervision) Act 1993 (Cth) and Regulations.

Yours faithfully

Directors, Perpetual Superannuation Limited

**Perpetual
Superannuation Limited**

ABN 84 008 416 831
AFSL 225246
RSE L0003315
Level 12, Angel Place
123 Pitt Street
GPO Box 4171
Sydney NSW 2001
Australia
DX 365 Sydney
Fax (02) 8256 1427

Investor Services

Telephone 1800 022 033
Fax (02) 8256 1427

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Tax file number declaration

Information you provide in this declaration will allow your payer to work out how much tax to withhold from payments made to you.

You need to provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

! TERMS WE USE

When we say:

- **payer**, we mean the business or individual making payments under the pay as you go (PAYG) withholding system.
- **payee**, we mean the individual being paid.

WHEN SHOULD YOU USE THIS FORM?

You should complete this form before you start to receive payments from a new payer. For example, when you receive:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes, labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

! You do not need to complete this form if you:

- are a beneficiary wanting to provide your tax file number (TFN) to the trustee of a closely held trust. For more information, visit ato.gov.au/trustsandtfnwithholding
- have reached 60 years of age and started a super benefit that does not include an untaxed element for that benefit.

WHAT IF YOU HAVE LOST YOUR TFN?

If you have lost your TFN or are not sure you have one, check all your correspondence from us, such as your income tax notice of assessment, as well as any payment summaries issued to you by a payer. If you use a registered tax agent, they may also be able to tell you your TFN.

- ➡ If you still can't find your TFN, you can phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

If you phone, we need to know we're talking to the right person before we can discuss your tax affairs. We'll ask for details only you, or someone you've authorised, would know. An authorised contact is someone you've previously told us can act on your behalf.

DO YOU NEED TO APPLY FOR A TFN?

If you don't have a TFN and want to provide a TFN to your payer, you will need to apply for one.

For more information about applying for a TFN, visit ato.gov.au/tfn

OTHER FORMS YOU MAY ALSO NEED TO COMPLETE

In addition to this TFN declaration, you may also need to complete and give your payer the following forms:

- *Withholding declaration* (NAT 3093) if you want to
 - claim entitlement to the seniors and pensioners tax offset (question 9) or other tax offsets (question 10)
 - advise your payer to adjust the amount withheld from payments made to you
 - change information you previously provided in a TFN declaration.



- *Medicare levy variation declaration* (NAT 0929) if you qualify for a reduced rate of Medicare levy or are liable for the Medicare levy surcharge. You can vary the amount your payer withholds from your payments (see 'More information' on page 4).
- *Standard choice form* (NAT 13080) to choose a super fund for your employer to pay super contributions to. Information about your existing super accounts is available on our website at ato.gov.au/superseeker to help you complete this form.


For copies of these forms, see 'More information' on page 4.

SECTION A: TO BE COMPLETED BY THE PAYEE

Question 1

What is your tax file number (TFN)?

This question asks you to quote your TFN. If you need to find your TFN, refer to 'What if you have lost your TFN?' on page 1.

 We and your payer are authorised by the *Taxation Administration Act 1953* (TAA 1953) to ask for your TFN. It is not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the highest rate of tax plus the Medicare levy (or the highest rate of tax if you are not an Australian resident for tax purposes) from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

You may claim an exemption from quoting your TFN.

Print in the appropriate box if you:

- have lodged a TFN application form or made an enquiry to obtain your TFN. You now have 28 days to provide your TFN to your payer, who must withhold at the standard rate during this time. After 28 days, if you have not given your TFN to your payer, they will withhold the highest rate of tax plus the Medicare levy (or the highest rate of tax if you are not an Australian resident for tax purposes) from future payments
- are claiming an exemption from quoting a TFN because you are under 18 years of age and do not earn enough to pay tax, or you are an applicant or recipient of certain pensions, benefits or allowances from the
 - Department of Human Services – however, you will need to quote your TFN if you receive a Newstart, Youth or sickness allowance, or an Austudy or parenting payment
 - Department of Veterans' Affairs – a service pension under the *Veterans' Entitlement Act 1986*
 - Military Rehabilitation and Compensation Commission.

Provision of your TFN to your super fund

Your payer must quote your TFN to the super fund they pay your contributions to on your behalf. If your super fund does not have your TFN, you can provide it to them. This ensures:

- your super fund can accept all types of contributions to your accounts
- additional tax will not be imposed on contributions as a result of failing to provide your TFN
- there will be no *additional* tax to be deducted when you start drawing down your super benefits
- you can trace different super accounts in your name.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for superannuation purposes. The trustee of your super fund may provide your TFN to another super provider if your benefits are being transferred. You may write to the trustee of your super fund and ask them not to provide your TFN to any other trustee.

Once you've quoted your TFN to one super fund, we may also provide it to another regulated super provider you have a membership with if they don't already hold your TFN. If you don't want this provider to have your TFN, you need to contact them directly and ask them not to record your TFN.

Question 6

On what basis are you paid?

Check with your payer if you are not sure.

Question 7


Are you an Australian resident for tax purposes?

Generally, we consider you to be an Australian resident for tax purposes if you:


- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- have been in Australia continuously for six months or more and for most of that time you worked in the one job and lived in the same place
- will be or have been in Australia for more than half of the financial year (unless your usual home is overseas and you do not intend to live in Australia).

If you go overseas temporarily and do not set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

The criteria we use to determine residency are not the same as used by the Department of Immigration and Citizenship, or the Department of Human Services.

 **FOREIGN RESIDENT TAX RATES ARE DIFFERENT**
A higher rate of tax applies to foreign residents' taxable income, and foreign residents are not entitled to a tax-free threshold.

You are not entitled to claim the tax-free threshold and tax offsets if you are not an Australian resident for tax purposes. However, there is an exception with seniors and pensioners, zone or overseas forces tax offsets.

 To check your Australian residency status for tax purposes, visit ato.gov.au/residency

Answer **no** to this question if you are not an Australian resident for tax purposes. You must also answer **no** at questions 8, 9 and 10 (unless you are a foreign resident claiming a seniors and pensioners, zone or overseas forces tax offset).

Question 8

Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each financial year that is not taxed. By claiming the threshold, you reduce the amount of tax that is withheld from your pay during the year. It is available only to people who are Australian residents for tax purposes – that is, people who answered **yes** at question 7.

 The current tax-free threshold can be found at ato.gov.au/taxfreethreshold

Answer **yes** if you want to claim the tax-free threshold, you are an Australian resident for tax purposes and one of the following applies:

- you are not currently claiming the tax-free threshold from another payer
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be less than the tax-free threshold.

Answer **no** if one of the following applies:

- you answered **no** at question 7
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be more than the tax-free threshold
- you do not want to claim the tax-free threshold.

❗ DO YOU HAVE MORE THAN ONE JOB OR PAYER?

If you are sure that your total income for the year from all sources will be less than the tax-free threshold, you can claim the threshold from all of your payers.

If your total income for the year from all sources will be more than the tax-free threshold, you can only claim the threshold from one payer at a time. Generally, you would choose the one you expect will pay you the most during the financial year.

If your circumstances change, you must advise your payers by completing a *Withholding declaration* (NAT 3093).

If you earn more than the tax-free threshold from all sources and you have claimed the tax-free threshold with more than one payer at a time, you may end up with a tax debt at the end of the financial year. To avoid having a debt, you should ask one or more of your payers to withhold additional amounts by completing a *Withholding declaration – Upwards variation* (NAT 5367).

❗ If you receive any taxable government payments or allowances, such as Newstart, Youth Allowance or Austudy payment, you are likely to be already claiming the tax-free threshold from that payment.

➡ For more information about your entitlement, which payer you should claim it from, or how to vary your withholding rate:

- visit ato.gov.au/taxfreethreshold
- refer to *When you have income from two payers* (NAT 7473) available on our website at ato.gov.au

Question 9

Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?

⊖ CLAIM BENEFITS AND TAX OFFSETS WITH ONLY ONE PAYER

You are not entitled to reduce your withholding amounts, or claim the seniors and pensioners tax offset (SAPTO) with more than one payer at the same time.

If you receive income from more than one source and need help with this question, phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.

How your income affects the amount of your tax offset

You must meet the eligibility conditions to receive the SAPTO. Your rebate income, not your taxable income, determines the amount, if any, of SAPTO you will receive.

Answer **yes** if you are eligible and choose to claim the SAPTO with this payer. To reduce the amount withheld from payments you receive during the year from this payer, you will also need to complete a *Withholding declaration* (NAT 3093).

Answer **no** if one of the following applies:

- you are not eligible for the SAPTO
- you are already claiming the SAPTO with another payer
- you are eligible but want to claim your entitlement to the tax offset as a lump sum in your end-of-year income tax assessment.

➡ For more information about your eligibility to claim the tax offset or rebate income, visit our website at ato.gov.au/taxoffsets

Question 10

Do you want to claim a zone, overseas forces, dependent spouse or dependent (invalid and carer) tax offset by reducing the amount withheld from payments made to you?

⊖ CLAIM TAX OFFSETS WITH ONLY ONE PAYER

You are not entitled to claim tax offsets with more than one payer at the same time.

You may be eligible for one or more of the following:

- a zone tax offset if you live or work in certain remote or isolated areas of Australia
- an overseas forces tax offset if you serve overseas as a member of Australia's Defence Force or a United Nations armed force
- a dependent spouse tax offset
- a dependent (invalid and carer) tax offset.

Answer **yes** to this question if you are eligible and choose to receive tax offsets by reducing the amount withheld from payments made to you from this payer. You also need to complete a *Withholding declaration* (NAT 3093).

Answer **no** to this question if you are not eligible for the tax offsets, choose to receive any of these tax offsets as an end-of-year lump sum through the tax system, or are already claiming the offset from another payer.

❗ FOREIGN RESIDENT

If you are not an Australian resident for tax purposes, you are not entitled to claim a dependent spouse tax offset or dependent (invalid and carer) tax offset. You may be entitled to claim the zone or overseas forces tax offset.

➡ For more information about your entitlement, visit our website at ato.gov.au/taxoffsets

Question 11

(a) Do you have an accumulated Higher Education Loan Program (HELP) debt?

Answer **yes** if you have an accumulated HELP debt.

Answer **no** if you do not have an accumulated HELP debt, or you have repaid your HELP debt in full.

❗ You have a HELP debt if:

- the Australian Government lends you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP, or SA-HELP
- you have a debt from the previous Higher Education Contribution Scheme (HECS).

➡ For information about repaying your HELP debt, visit our website at ato.gov.au/higheredloans

(b) Do you have an accumulated Financial Supplement debt?

Answer **yes** if you have an accumulated Financial Supplement debt.

Answer **no** if you do not have an accumulated Financial Supplement debt, or you have repaid your Financial Supplement debt in full.

➡ For information about repaying your Financial Supplement debt, visit our website at ato.gov.au/higheredloans

Have you repaid this debt?

When you have repaid your accumulated HELP or Financial Supplement debt, you need to complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

❗ SIGN AND DATE THE DECLARATION

Make sure you have answered all the questions in section A then sign and date the declaration. Give your completed declaration to your payer to complete section B.

SECTION B: TO BE COMPLETED BY THE PAYER

❗ Important information for payers – see the reverse side of the Payer's copy of the form.

➤ MORE INFORMATION

Internet

- For general information about TFNs, tax and super in Australia, including how to deal with us online, visit our website at ato.gov.au
- For information about applying for a TFN on the web, visit our website at ato.gov.au/tfn

Phone

- Payee – for more information, phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday. If you want to vary your rate of withholding, phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.
- Payer – for more information, phone **13 28 66** between 8.00am and 6.00pm, Monday to Friday.

If you phone, we need to know we're talking to the right person before we can discuss your tax affairs. We'll ask for details only you, or someone you've authorised, would know. An authorised contact is someone you've previously told us can act on your behalf.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users, phone **13 36 77** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 7799**)
- Speak and Listen (speech-to-speech relay) users, phone **1300 555 727** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 8000**)
- internet relay users, connect to the NRS on relayservice.com.au and ask for the ATO number you need.

If you would like further information about the National Relay Service, phone **1800 555 660** or email helpdesk@relayservice.com.au

Products

You can download a number of forms and publications from our website at ato.gov.au including the:

- *Withholding declaration* (NAT 3093)
- *Medicare levy variation declaration* (NAT 0929)
- *Withholding declaration – upwards variation* (NAT 5367).

Other forms and publications are also available from our shopfronts, on our website at ato.gov.au/onlineordering or by phoning **1300 720 092**.

OUR COMMITMENT TO YOU

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at ato.gov.au or contact us.

This publication was current at **July 2013**.

PRIVACY OF INFORMATION

We are authorised by the *Income Tax Assessment Act 1936* and *Tax Administration Act 1953* to ask for information on this declaration. We need this information to help us administer those laws. If your form is incomplete, incorrect or needs checking, it may affect the amount of tax withheld from payments made to you.

Where we are authorised by law to do so, we may give this information to other government agencies. These agencies could include the Australian Federal Police, Department of Human Services, Department of Families, Housing, Community Services and Indigenous Affairs, Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education, Department of Veterans' Affairs and the Department of Education, Employment and Workplace Relations.

Only certain people and organisations can ask for your TFN, such as employers, some Australian Government agencies, super funds, payers under the PAYG system, higher education and vocational education and training providers, and investment bodies.

We also provide taxpayer information to treaty partners overseas under international tax agreements with many other countries. More information about these treaties and our privacy policy is available at ato.gov.au. The policy contains important information about your privacy, including information about how you can access and seek correction of information we hold about you, how you may complain about a breach of the Australian Privacy Principles and how we will deal with any privacy complaint. If you need to contact us, see 'More information'.



Tax file number declaration

This declaration is NOT an application for a tax file number.
■ Use a black or blue pen and print clearly in BLOCK LETTERS.
■ Print X in the appropriate boxes.
■ Read all the instructions before you complete this declaration.



30920713

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with us, show your previous family name

4 What is your date of birth? Day / Month / Year

5 What is your home address in Australia?

Suburb or town

State/territory Postcode

6 On what basis are you paid? (Select only one.)
Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

7 Are you an Australian resident for tax purposes? Yes No You must answer **no** at question 8.
(Visit ato.gov.au/residency to check)

8 Do you want to claim the tax-free threshold from this payer?
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.
Yes No Answer **no** at questions 9 and 10 unless you are a foreign resident claiming a seniors and pensioners, zone or overseas forces tax offset.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?
Yes Complete a *Withholding declaration* (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No

10 Do you want to claim a zone, overseas forces, dependent spouse or dependent (invalid and carer) tax offset by reducing the amount withheld from payments made to you?
Yes Complete a *Withholding declaration* (NAT 3093). No

11 (a) Do you have an accumulated Higher Education Loan Program (HELP) debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment. No

(b) Do you have an accumulated Financial Supplement debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment. No

DECLARATION by payee: I declare that the information I have given is true and correct.
Signature Date Day / Month / Year

You MUST SIGN here

⚠ There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or your withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?
Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

P E R P E T U A L

W E A L T H F O C U S

S U P E R A N N U A T I O N F U N D

4 What is your business address?

G P O B O X

Suburb or town

S Y D N E Y

State/territory Postcode

N S W

5 Who is your contact person?

Business phone number

6 If you no longer make payments to this payee, print X in this box

DECLARATION by payer: I declare that the information I have given is true and correct.
Signature of payer Date Day / Month / Year

⚠ There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:
For WA, SA, NT, VIC or TAS: Australian Taxation Office, PO Box 795, ALBURY NSW 2640
For NSW, QLD or ACT: Australian Taxation Office, PO Box 9004, PENRITH NSW 2740

IMPORTANT
See reverse side of Payer's copy for:
■ payer obligations
■ lodging online.

TAXPAYER-SENSITIVE (when completed)