



Notice of intent to claim or vary a deduction for personal super contributions

COMPLETING THIS STATEMENT

- Print clearly using a black pen only.
- Use BLOCK LETTERS and print one character per box.
- Place in ALL applicable boxes.

! The instructions contain important information about completing this notice. Refer to them for more information about how to complete and lodge this notice.

Section A: Your details

1 Tax file number (TFN)

625 562 390

! The ATO does not collect this information provided on this form. This form is to assist you in providing details to your super fund. Your super fund is authorised to request your personal details, including your TFN, under the *Superannuation Industry (Supervision) Act 1993*, the *Income Tax Assessment Act 1997* and the *Taxation Administration Act 1953*. It is not an offence not to provide your TFN. However, if *you* do not provide your TFN, and your super fund doesn't already hold your TFN, they will not be permitted to accept the contribution(s) covered by this notice. For more information about your privacy please contact the entity you are providing this form to.

2 Name

Title: Mr Mrs Miss Ms Other

Family name
MALONEY

First given name
BRUCE

Other given names
SCOTT

3 Date of birth Day Month Year
11 / 05 / 1958

4 Current postal address

Po Box 30

Suburb/town/locality
COTTESLOE

State/territory
WA (Australia only)

Postcode
6911 (Australia only)

Country if outside of Australia

5 Daytime phone number (include area code)

Section B: Super fund's details

6 Fund name

MALIBU SUPERANNUATION FUND

7 Fund Australian business number (ABN) 36 163 780 326

8 Member account number MALBRU000002A

9 Unique Superannuation Identifier (USI) (if known)

