

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.

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

■ Place X in ALL applicable boxes.	
Section A: Your details	
1 Tax file number (TFN) 6 23 969 95/	
super fund. Your super fund is authorised to request your pers Industry (Supervision) Act 1993, the Income Tax Assessment of offence not to provide your TFN. However, if you do not provide	s form. This form is to assist you in providing details to your sonal details, including your TFN, under the Superannuation Act 1997 and the Taxation Administration Act 1953. It is not an de your TFN, and your super fund doesn't already hold your TFN, d by this notice. For more information about your privacy please
2 Name	
Title: Mr Mrs Miss Ms Other Family name	
MARRINGEDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	
First given name Other given r BRU	names
3 Date of birth Day / Month / Year Year	
4 Current postal address	
Suburb/town/locality	State/territory Postcode
NEW DORCADOOO	
Country if outside of Australia	(Australia only) (Australia only)
5 Daytime phone number (include area code)	
Section B: Super fund's details	
6 Fund name	
7 Fund Australian business number (ABN) 66 803 787 44/	
8 Member account number	
9 Unique Superannuation Identifier (USI) (if known)	