



Tax File Number Authority

Client 1: _____ Client 2: _____

I/We agree to the collection and retention of my/our Tax File Number/s ('TFN/s') by my/our financial advisor and their associated Australian Financial Services Licensee (AFS Licensee).

I/We understand that it will be used in connection with providing financial product and strategy advice and only in accordance with the legislative requirements (e.g. relevant taxation and superannuation laws). I/We understand that my/our financial planner and their associated AFS Licensee may provide my/our TFN/s to relevant financial institutions (e.g. life insurance companies and fund managers) and Government bodies (e.g. Australian Taxation Office and Centrelink) as required and only in accordance with the law, unless I/we specifically request otherwise in writing.

I/We understand that I/we do not have to supply my/our TFN/s and that it is not an offence not to do so. I/We further understand that if I/we choose not to supply my/our TFN/s I/we may be taxed at a higher marginal rate than if I/we had supplied my/our TFN/s.

I/We understand that my/our TFN/s will be stored and treated as confidential and that my/our financial planner and their associated AFS licensee will take all reasonable steps to prevent the loss, disclosure and/or misuse of my/our TFN/s by third parties.

Client 1 Tax File Number

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Dated this _____ day of _____ 20__

Signature of client(s):

Client 1: _____

Client 2: _____