

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



Please complete this form to:

- Claim an income tax deduction for contributions you made to First State Super (section A and B)

OR

- Reduce the amount submitted in a previous notice (sections A and C).



For more information on claiming a tax deduction call the Australian Taxation Office on 13 10 20 or speak to your accountant or tax adviser.

Section A: Your details

Please use a dark pen and CAPITAL letters. Place (X) in ALL applicable boxes

1. Tax file number

Tax file number*

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* First State Super 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 First State Super doesn't already hold your TFN, we are not permitted to accept the contribution(s) covered by this notice. For more information about your privacy please go to firststatesuper.com.au/privacy.

2. Name

Title: Mr Mrs Miss Ms Other

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Family name

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First given name

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Other given names

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Date of birth (DD-MM-YYYY)

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Daytime phone number (include area code)

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Section B: Contribution details

Complete this section to claim a tax deduction for personal contributions you made to your First State Super account.

If you have already submitted a notice to claim a tax deduction for personal contributions made, but you want to claim a tax deduction for an additional amount not covered by that notice, only write the extra amount you want to claim.

Financial year ended 30 June 20

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My personal contributions to this fund in the above financial year \$

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The amount of these personal contributions I will be claiming as a tax deduction \$

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Declaration

I declare that at the time of lodging this notice:

- I intend to claim the personal contributions stated as a tax deduction
- I am a current member of First State Super
- First State Super currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions
- I have not included any of the contributions in an earlier valid notice.

I declare that I am lodging this notice at the earlier of either:

- before the end of the day that I lodged my income tax return for the income year in which the personal contributions were made, or
- before the end of the income year following the year in which the contribution was made.

I declare that the information given on this notice is correct and complete.

Name (print in CAPITAL letters)

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Signature

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Date signed (DD-MM-YYYY)

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Please sign and date form here.



Section C: Variation of previous valid Notice of Intent

Complete this section if you have already submitted a valid notice to us and want to reduce the amount stated in that original notice.

Financial year ended 30 June 20

My personal contributions to this fund in the above financial year \$, .

The amount of these personal contributions claimed in my original notice of intent \$, .

The amount of these personal contributions I will now be claiming as a tax deduction \$, .

Declaration

I declare that at the time of lodging this notice:

- I intend to claim the personal contributions stated as a tax deduction
- I am a current member of First State Super
- First State Super currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.

I declare that I wish to vary my previous valid notice for these contributions by reducing the amount I advised in my previous notice and I confirm that either:

- I have lodged my income tax return for the year in which the contribution was made, prior to the end of the following income year, and this variation notice is being lodged before the end of the day on which the return was lodged, or
- I have not yet lodged my income tax return for the relevant year and this variation notice is being lodged on or before 30 June in the financial year following the year in which the personal contributions were made, or
- the ATO has disallowed my claim for a deduction for the relevant year and this notice reduces the amount stated in my previous valid notice by the amount that has been disallowed

I declare that the information given on this notice is correct and complete.

Name (print in CAPITAL letters)

Signature

Date signed (DD-MM-YYYY)

 Please sign and date form here.

Section D: Information for your tax return


The following information will need to be included in the Tax return for individuals (supplementary section).

Fund name

Fund Australian business number (ABN)

Member number

Claim amount \$, .

 Send the form to this address.

Section E: Where to send your completed form

Return the completed form to **First State Super PO Box 1229 WOLLONGONG NSW 2500** or via email at **enquiries@firststatesuper.com.au**. If you have any questions, please call us on **1300 650 873**.