

PART 1: ACCOUNT HOLDER TO COMPLETE

! Complete only Part 1 of this form. Do not complete Part 2.

Complete this form if you wish to contribute the balance of your first home saver account to your super fund and close your first home saver account.

Your first home saver account provider will use the information you provide in Part 1 to contribute the balance to your nominated super fund account and close your first home saver account. Your provider must contribute the balance to super within 30 days of receiving this form.

BEFORE COMPLETING THIS FORM

- Read the instructions and information for account holders.

AFTER COMPLETING THIS FORM

- Sign the declaration
- Give the form to your first home saver account provider
- Remember, your first home saver account provider will close your account after contributing the balance to super.

* Mandatory information

Section A: Your Details

Title	Surname	Given Name(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential Address				
Unit/Floor/Street No.	Street	Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country (if not Australia)	Date of Birth	Sex (please tick)		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Daytime Contact Number. (inc. area code) or Mobile Number		Email address (if applicable)		
<input type="text"/>		<input type="text"/>		

First Home Saver Account Details

BSB (6 digits)*	Account Number*	Client ID / Reference Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your full name as it appears on your First Home Saver Account Statement*

Tax File Number (TFN)

Office Use Only: TFN Quoted by Account Provider

Under the First Home Saver Accounts Act 2008, we are authorised to collect your TFN and other information relating to your first home saver account. Although you are not obliged to provide your TFN, we can not contribute the balance of your first home saver account to superannuation without it. Under the Superannuation Industry (Supervision Act) 1993 your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

Section B: Superannuation fund and account details for contribution

Name of Fund

Address of Fund (Include Street Number & Name, Suburb, State / Territory and Postcode)

Australian Business Number (ABN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your account number*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your client number (if any)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Superannuation product identification number (SPIN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Voluntary or compulsory contribution Place an X in one of the following boxes:

- V - Voluntary contribution to super** - you have decided that you want to contribute all of your balance to super
- S - Compulsory contribution to super** - you have become ineligible to hold a first home saver account and you are required to contribute the balance to super

Section C: Declaration

I,

authorise my first home saver account provider to contribute the balance of my first home saver account to my super fund as instructed on this form and to close my first home saver account.

I have read and understood the important information pages and instructions including:

- how the super contribution counts towards my contributions caps
- that the contribution from my first home saver account will not entitle me to the super co-contribution
- checking that my super fund can accept the contributions
- that once the balance of my first home saver account is contributed to super and the account is closed, I will not be able to open another first home saver account
- how a contribution to super cannot generally be reversed and the money must remain in the super system until I meet a condition of release
- that I may be liable to pay fees for the:
 - closure of my first home saver account, and
 - entry or deposit of the contribution.

Signature

Date

! Give the completed form to your first home saver account provider. Do not send it to the Tax Office.

PART 2: ACCOUNT PROVIDER TO COMPLETE

Before completing this form, read the information and instructions for account providers. * Mandatory information

Section D - Tax file number (TFN)

If the first home saver account holder has not provided their TFN in Section A, or you are contributing the balance of the holder's first home saver account to your default super fund on their behalf:

- quote their TFN in Section A, and
- place an 'X' in the box in Section A that says TFN quoted by account provider.

Section E - Your default super fund details

! Only provide your default super fund details if:

- the first home saver account holder has **not** nominated a super fund, and
- you must contribute the balance of the first home saver account to super in order to close the account.

If you are contributing the balance of a holder's account to your default super fund in order to close the account, complete:

- the account holder's details in Section A, and
- your default super fund details in Section B.

In Section A provide the holder's TFN and place an 'X' in the box TFN quoted by account provider.

In Section B:

- provide the name of the default super fund and place an 'X' in the box Default super fund, and
- under 'Voluntary or compulsory contribution', place an 'X' in the box S - Compulsory contribution to super.

Section F - Contribution Payment Details

Amount paid to super fund

Date

Section G - Provider Details

Name of Provider*

Address of Provider

*Australian Business Number (ABN)

Contact Details

Title

Surname

Given Name(s)

Daytime Contact Number. (inc. area code) or Mobile Number

Signature of Authorised Person

Date

! Send the completed form and the payment to the Super Fund, provide a copy to the first home saver account holder, and keep a copy for your records. Do not send it to the Tax Office.

The product issuer is: Police Bank Ltd