

Notification of Tax File Number

Please note: It is not complusory to provide us with your Tax File Number, however failure to do so can result in withholding tax being deducted at the highest tax rate plus the Medicare levy.

Investment details		
Investor number		
Name of Fund/s		
Adviser name (if applicable)		
Investor's personal details		
Investor name currently registered		
Address	State	Postcode
Tax information The authority for this request is provided by the Income Tax Assessment Act 1936. Co		
authorised and its use and disclosure are strictly regulated by the Tax Laws and the Pr TFN, please contact the Australian Taxation Office on freecall 132 861, from 8.30am		
TFN or ABN – Please tick the appropriate box		
Personal If you hold an account for a child under 18 years of age, please quote your Tax File N	lumber for the child's acco	unt.
Partnership Where the Partnership lodges a Tax Return, the Partnership Tax File Number is to	be entered.	
Company An investor can only quote an ABN if the investment was made in the course of	furtherance of an enterpr	ise carried on by the investo
Trust accounts Where the Trust lodges a return, the Trust Tax File Number is to be entered. Whe Tax File Number is to be entered in the personal section below.	ere the Trust does not lodg	e a tax return, the Trustee's
Exemption reasons – Please tick the appropriate box		
Child under the age of 18 years		
I receive the Age, Service, Invalid or Veterans Pension.		
Other Pension (Wife, Carer, Widow, Sole Parent or Special Benefit).		
Territory resident.		
Non-resident of Australia.		
Association etc. I am an entity not required to lodge a tax return.		
Please provide your Tax File Number (TFN) or Australian Business Number (ABN):		
Tax File Number (TFN) notification		
Your TFN may be applied to any current or future investments in your name(s).		
Australian Business Number (ABN) notification (if applicable)		
This ABN may be applied to any current or future investments in your name(s).		

Please note that all joint investors must sign this form unless indicated otherwise in your initial application. Applications by a trustee(s) must be signed by each trustee. In the case of company signatories two directors, or a director and a company secretary must sign unless the sole director is also sole company secretary.

Investor 1

Name

Date

/ /

Investor 2

Name

5 Your privacy

Signature **X**

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

Any questions?

Please contact our Client Service Centre on 131 551.

Fax: 02 92870302

Email: client.service@zurich.com.au

Please send your completed form to:

Zurich Investment Management Limited PO Box 5038 Parramatta NSW 2124 Date