

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 and '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: The Police Department Employees' Credit Union Limited

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