



Searching for lost and unclaimed super

OFFICE USE ONLY

Enquiry number

LMR reference number

USM reference number

Form keyed by:
Name (please print)

Date
Day Month Year
 / /

WHEN COMPLETING THIS FORM

You can complete this form electronically or with a pen. If you choose to use a pen:

- print clearly in BLOCK LETTERS using a black or dark blue pen only
- place **X** in all applicable boxes
- do not use correction fluid or covering stickers
- do not use pins or staples to attach additional details.

Section A: Your personal details

1 Tax file number (TFN)

! You do not have to provide us with your TFN but doing so will help us process your enquiry.

The ATO is a government agency bound by *the Privacy Act 1988* in terms of collection and handling of personal information and tax file numbers (TFNs). For further information about privacy law notices please go to ato.gov.au/privacy

2 Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name

3 Date of birth Day / Month / Year

4 Residency

Are you, or were you ever a temporary resident visa holder? No Yes

Section B: Your contact details

5 Current postal address

Street number and name

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if outside Australia

6 Daytime phone number

7 Email address (if applicable)

Section C: Your super fund details

8 Super fund details Provide details of any super fund where contributions may have been made on your behalf.

Superannuation fund name	Account number	Beneficiaries	Period of contributions

Section D: Your previous details

➤ If you have additional information for the following questions, attach it to this form. If you can't provide responses to any of these questions we will still search for your lost and unclaimed super.

9 Previous name details Provide details of all previous names and any names you are commonly known by.

Family name	Given name	Other given names	Date of change
			/ /
			/ /
			/ /

10 Previous address details Provide details of all previous addresses you lived at in Australia.

Address	State	Postcode	Period of residence

11 Previous employment details Provide details of all your previous employers.

Employer name	Employer address	Occupation	Period of employment

Section E: Declaration

12 Declaration Either you or a person authorised to act on your behalf must complete this declaration.

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

Name of signatory

Signature

Date / /

After completing this form

After completing this form send it to us at:

Australian Taxation Office

PO Box 3578

ALBURY NSW 2640