FORM 144

Family Law – Regulation 144 Notice

1. Your former spouse's details

Member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s: Date of birth:

Address:

Suburb: State: Postcode:

2. Your details

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s: Date of birth:

Address:

Suburb: State: Postcode:

Email address:

Contact phone number: Mobile number:

Are you currently a member of Vision Super? ☐ Yes ☐ No

If yes, please provide your membership number:

3. Contact details for your representative (if you choose to use a representative)

Full name of representative (if applicable):

Type of representative (if applicable): ☐ Legal representative ☐ Support worker Other (please specify)

Address:

Suburb: State: Postcode:

Email address:

Contact phone number: Mobile number:

4. Provide your Tax File Number (TFN)

I agree to provide my Tax File Number to the Trustee of the Fund and I acknowledge that, once provided, my Tax File Number may be passed to the Commissioner of Taxation or the trustee of another superannuation fund, or to a Retirement Savings Account provider to which my benefits have been transferred. I understand the purposes for which my Tax File Number may be used and that those purposes may change due to future legislation.

My Tax File Number is: ☐☐☐☐☐☐☐☐☐

5. Signature

Signature: Date:

This information is required for the sole purpose of managing and payment of superannuation benefits and entitlements and will be protected in accordance with the provisions of the *Privacy Act 1988* and Vision Super privacy policies.