



Contractor stapled super fund request form

Who should complete this form?

Complete this form if you need to request a contractor's stapled super fund details and are not able to request these details in ATO Online Services.

When completing this form

If you are filling in this form on screen:

- download a copy of this form to your computer
- when complete, print two copies
- sign and date the applicable declaration
- attach your completed form to a secure message shown on page 3
- keep the second copy for your records.

If you are filling in this form by hand:

- print clearly in BLOCK LETTERS using a black or dark blue pen
- place **X** in **all** applicable boxes
- do not use correction fluid or covering stickers
- check you have signed and dated the applicable declaration
- make a copy for your records
- mail your completed form to the address shown on page 3.

More information

Phone us on **13 10 20** between 8.00am and 6.00pm, Monday to Friday, if you need help completing this form.

If you phone, we need to know we are talking to the right person before we can discuss your tax affairs. We will ask you for details only you or someone you've authorised would know. An authorised person is someone recorded on our systems who can act on your behalf.

- Stapled fund rules only apply to workers who started employment on or after 1 November 2021 and are eligible for super guarantee.

Refer to ato.gov.au/stapledsuperfund for more information about stapled super funds.

Section A: Contractor details

1 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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2 Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

3 Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Current business or postal address

Street address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if outside Australia

Section B: Employer details

5 Legal name

The legal name is the name that appears on all official documents or legal papers – for example, MR JOHN DAVID SMITH (Individual); or JOHN DAVID SMITH PTY LTD (Non-individual)

6 Australian business number (ABN) or Withholding payer number (WPN)

7 Main business or postal address

Street address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if outside Australia

Section C: Declarations

! Complete the declaration that applies to you. Print your full name then sign and date the declaration.

Before you sign this form

- Make sure you have completed all the relevant fields – an incomplete form may delay processing, and we may ask you to complete a new application.
- Check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

8 Employer declaration

! Complete this declaration if you are the employer of the contractor listed in **Section A** of this form.

I declare that:

- I am the employer of the contractor.
- This request has been prepared in accordance with information supplied by the contractor.
- The request is for the purposes of complying with the choice of fund requirements that relate to stapled funds.
- The information I have provided is true and correct.

Full name of signatory (BLOCK LETTERS)

Business hours phone number (include area code)

Mobile phone number

Signature

Date

Day / Month / Year
 / /

9 Authorised representative declaration (where you are not a tax or BAS agent)

! Complete this declaration if you are not a tax or BAS agent and are submitting this request on behalf of the employer listed in **Section B** of this form.

I declare that:

- I am authorised to complete and lodge this request for a contractor's stapled fund information with the Commissioner on behalf of the employer.
- This request has been prepared in accordance with information supplied by the contractor.
- The request is for the purposes of complying with the choice of fund requirements that relate to stapled funds.
- The information I have provided is true and correct.

Full name of signatory (BLOCK LETTERS)

Business hours phone number (include area code)

Mobile phone number

Position held (for example, authorised contact, payroll contact)

Signature

Date

Day / Month / Year

10 Authorised representative declaration (tax or BAS agent)

! Complete this declaration if you are a tax or BAS agent and are submitting this request on behalf of the employer listed in **Section B** of this form.

I declare that:

- This request has been prepared in accordance with the information provided by the entity whose ABN or WPN appears on this document and who is the employer of the contractor.
- The entity has provided me with a declaration stating that the information provided to complete this request is true and correct and is for the purpose of complying with the choice of fund requirements that relate to stapled funds.
- I am authorised to complete and lodge this request for a contractor's stapled fund information with the Commissioner on behalf of the entity.

Full name of signatory (BLOCK LETTERS)

Business hours phone number (include area code)

Mobile phone number

Position held (for example, tax agent or BAS agent)

Registered tax or BAS agent number

Registered tax or BAS agent ABN

Signature

Date

Day / Month / Year

Lodging this form

Make a copy of this form and the written contract signed by both parties for the contractor and for your own records before you:

- send it as an attachment with the written contract signed by both parties for the contractor using Secure mail in Online services for business or Practice mail message in Online services for agents (you need to be registered to interact online – refer to ato.gov.au/onlineservices)
- mail the completed form and written contract for the contractor to

Australian Taxation Office
PO BOX 3006
PENRITH NSW 2740