

# APPLICATION FOR PAYMENT OF SURCHARGE LIABILITY



**SUPER SA**  
contributing to your future

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to **Super SA**.

## 1. Personal Details

**Account ID**

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Mr  Ms  Miss  Mrs  Dr  Prof

Surname \_\_\_\_\_

Given name(s) \_\_\_\_\_

Residential address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth    /    /

Email\* \_\_\_\_\_

Telephone\* (M) \_\_\_\_\_

(W) \_\_\_\_\_

(H) \_\_\_\_\_

\*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

**Contact us**

**Address**

Ground floor,  
151 Pirie Street  
Adelaide SA 5000  
(Enter from Pulteney Street)

**Postal**

GPO Box 48, Adelaide, SA 5001

**Call**

(08) 8207 2094 or 1300 369 315

**Email**

supersa@sa.gov.au

**Website**

www.supersa.sa.gov.au

### Important

Please remember that before Super SA is able to process your application you need to complete all sections on this form. If you do not provide the requested information there will be a delay in processing your application.

Super SA must be notified of your request to apply the withheld amount to settle your surcharge liability within two months of your final surcharge assessment being issued by the Australian Taxation Office (ATO).

If you do not contact us to pay the surcharge liability within two years, Super SA may pay the withheld amount directly to you, or if the amount is subject to preservation, to your nominated rollover fund.

### Checklist

- I have completed my personal details (section 1).
- I have supplied Super SA with my tax file number (TFN) (section 2).
- I have provided my final surcharge assessment notice from the ATO. Please note that your entitlement cannot be processed without your final assessment notice.
- I have provided my rollover payment details for any balance of my withheld amount, if subject to preservation (section 4).
- I have provided the required proof of identity documents. (section 5).
- I have signed the declaration (section 6).

## 2. Tax File Number (TFN)

If you do not provide your TFN, Super SA will be unable to accept any after-tax contributions you make.

**Tax file number**

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If you provide your TFN it will only be used for legal purposes and it will assist in finding and identifying your super entitlements now and in the future. Declining to provide your TFN is not an offence.



UFL0010

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## 3. Amount Payable

The amount of your surcharge liability is \$ \_\_\_\_\_

Funds for the amount of my surcharge liability will be paid directly to me via electronic funds transfer.

Please provide your account details below.

### Electronic transfer of funds

**Please note** payments cannot be made to third party accounts, credit cards or overseas accounts. Super SA does not accept responsibility for rejection of transfer due to incorrect account details being provided by you.

#### Complete the following:

Name of financial institution \_\_\_\_\_

Branch \_\_\_\_\_

Account name (account holder name) \_\_\_\_\_

BSB number (compulsory)

□	□	□	-	□	□	□
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Account number

□	□	□	-	□	□	□	-	□	□	□
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## 4. Remaining Balance Payment Details

Please complete this section if your account balance is greater than your surcharge liability. Please indicate your preferred payment option below. Your payment details will be used for any remaining balance payable after your final surcharge liability has been paid.

I am aged 55 years or over and wish to have my entitlement paid directly to me. Please note this will be paid to you via electronic funds transfer into the same account as detailed above.

I wish to rollover my balance to the fund indicated below:

Name of rollover institution \_\_\_\_\_

New policy/member number \_\_\_\_\_

New Rollover Fund Unique Superannuation Identifier (USI) \_\_\_\_\_

Note: If we are unable to verify that the rollover super fund is a complying fund, we will require you to provide a letter of compliance from the fund.

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## 5. Proof of identity

**If you are applying for all or part of your entitlement to be paid directly to you, you must provide us with certified Proof of Identity together with your application.**

Super SA must be able to verify your name and **either** your date of birth **or** your residential address from an original document, a certified copy or a certified extract from an original copy.

Documents may be either:

- a primary photographic identification document (such as a current driver's licence or Australian passport), or
- both a primary non-photographic identification document (such as a birth certificate or citizenship certificate) and a secondary identification document (such as a Tax Notice Assessment or council rates).

Documents can be certified by authorised persons such as a Justice of the Peace or a police officer. If you would like to provide original documents please bring them to the Super SA Member Centre. We will sight the documents and take a photocopy for our records and return the originals to you immediately.

If you are overseas, you need to have your documents certified by an Australian consular officer, an Australian diplomatic officer or you should contact Super SA for alternative arrangements.

For more information see the *Proof of Identity* fact sheet, available on the Super SA website.

**Please complete the Member Declaration below.**

## 6. Member Declaration

I declare that the information I have provided on this form is true and correct and understand:

- that funds for the amount of my surcharge liability and the balance of my withheld amount, including investment earnings (less tax), will be paid directly to me as two separate payments via electronic funds transfer
- If the balance of my withheld amount is subject to preservation, it will be forwarded to my nominated rollover fund (section 4).

Signature: **X**

Date: / /