



# Statement by referee

## Identification and verification of identity for members without standard identity documents

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

### ! Privacy statement

The privacy and confidentiality of your personal information is important to the Super SA Office. We are collecting the information on this form for the purpose of administering your superannuation account. The information collected will only be used for the purpose for which it was supplied and your information will not be disclosed to any third party unless required by law or authorised by you. To obtain further information about the Super SA privacy policy, please visit the website at [supersa.sa.gov.au](http://supersa.sa.gov.au).

## 2. Member declaration

I declare that:

- I have read the privacy notice above
- The information I have provided in this form is complete and correct

- I have signed this form (*tick the option that applies*):

in the presence of my referee, or

In the presence of a witness (*please have a witness complete next section*)

Date

D D / M M / Y Y Y Y

Signature:

## 3. Details of witness

If the Member is unable to sign this form in the presence of the referee, the Member must sign the form in the presence of a witness who must also sign and date this form.

! A witness must be over 18 years of age and cannot be the member or the referee.

Given name

Family name

Signature:

Date

D D / M M / Y Y Y Y

## 4. Referee information

Referees can include:

- an Office bearer of an incorporated Indigenous organisation, or land council;
- Community leader or recognised elder;
- School principal;
- Police officer;
- a manager or warden of a refuge or shelter accommodation or homeless shelter

- the current employer of the Member;
- a health professional or manager of an Aboriginal medical service
- other social support services such as family violence workers or social workers
- a person before whom a statutory declaration can be made (a complete list of people who can witness a statutory declaration can be found at the Commonwealth Attorney-General's website [www.ag.gov.au](http://www.ag.gov.au))

## 5. Referee details

Given Name(s)

Family Name

Type of Referee

Title in Organisation

Organisation (if applicable)

Australian Business Number (ABN)

Phone number

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### 6. Referee declaration

I declare that:

- I am an authorised referee (as listed above).
- The names listed on this form are all of the names that I am aware that the Member has been known as.
- The address(es) listed on this form are all of the addresses where I am aware the Member has resided.
- The Member has signed this form in my presence or in the presence of a witness who has also completed the "Details of witness" section of this form
- I have known the Member:  
 professionally and/or  personally for  years

Signature:



Date

/  /  /

#### Contact us



**EMAIL** [supersa@sa.gov.au](mailto:supersa@sa.gov.au), or



**POST** GPO Box 48, Adelaide SA 5001



**WEBSITE** [supersa.sa.gov.au](http://supersa.sa.gov.au)



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