CONFIRMATION OF INCOME ENTITLEMENTS

SUPER SA
contributing to your future

Please complete all the details on this form in BLOCK LETTERS and return, with any other document(s) required to Super SA.

1. Superannuant Details

Super ID

☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof

Surname

Given name(s)

Address

Country Postcode

Date of birth / /

Email[1]

Telephone[1] (W)

(H)

(M)

1 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 contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

2 Please see overleaf for details of people who can witness or certify documents. Please note that you cannot certify your own documents, even if you meet the criteria listed on the following page.

Contact us

Postal Address GPO Box 48, Adelaide, SA 5001

Call (08) 8207 2094 or
+61 8 8207 2094 (from outside Australia) or
1300 369 315 (for regional callers)

Email supersa@sa.gov.au

Fax (08) 8115 1296

Website supersa.sa.gov.au

2. Declaration

I,

(Surname in full block letters)

(Given names in full block letters)

do solemnly and sincerely declare that I am entitled to a fortnightly income under the provisions of the *Superannuation Act 1988*.

Signature Date

To be completed if a Power of Attorney is acting on behalf of a superannuant.

I,

(Full name of person who is acting as Power of Attorney in block letters)

of

(Address)

do solemnly and sincerely declare that the abovenamed Superannuant under the *Superannuation Act 1988*, is alive and that I am entitled to collect the payments on his/her behalf.

☐ I have attached a certified[2] copy of the current Power of Attorney.

☐ I have previously provided Super SA with a certified[2] copy of the current Power of Attorney and confirm that the document is still current.

Signature Date

3. Witness Declaration

I confirm that the person above-named is personally known to me or has provided identification and did declare and sign the foregoing declaration in my presence

on this day of year

Full Name

Signature

Title/qualification/position held of Witness[2]

Address

Telephone