



Please complete all the details on this form in **BLOCK LETTERS** and return the signed original to Super SA.

1. Personal Details

Mr Ms Miss Mrs Dr Prof

Surname _____

Given name(s) _____

Residential Address _____

Postcode _____

Postal Address (if different from above) _____

Postcode _____

Date of birth / /

Super ID _____

Email* _____

Telephone* (M) _____

(W) _____

(H) _____

* If you provide your email address and/or mobile number, then Super SA will be able to contact you in a timely manner about your super. You can also stay informed with e-newsletters and Super SA may from time to time also send additional communications by electronic means, including Super SA announcements, invitations and surveys. You may opt out of the email and/or mobile phone service at any time.

2. Statutory Declaration

I, _____
(Full name of person making the declaration)

of _____
(Address of person making the declaration)

Postcode _____

Insert your occupation(s) _____

do solemnly and sincerely declare that

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936 (SA)*.

Declared at _____ in the State/Territory of _____

this _____ day of _____ 20 _____

Signature _____

(Signature of Declarant)

before me¹ _____

(Signature of Witness)

Name of witness _____

Address of witness _____

Postcode _____

Title or qualification of witness¹ _____

Contact Us

In person:

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

Postal: GPO Box 48, Adelaide, SA 5001

Call: 1300 369 315

Website: www.supersa.sa.gov.au

¹ A witness must be one of the following: a Justice of the Peace, Commissioner for taking Affidavits, a Notary Public, or a Proclaimed Police Officer.