Confirmation of income entitlements





Superannuants / Judges / Parliamentarians / Governors

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

To find out more visit supersa.sa.gov.au or call 1300 369 315

Super ID:								

This form applies to members under the following Acts:

- Superannuants Superannuation Act 1988
- Judges Judges' Pensions Act 1971
- Parliamentarians Parliamentary Superannuation Act 1974
- Governors Governors' Pensions Act 1976

1. Personal details		
Title		Date of birth
		D D / M M / Y Y Y
Given Name(s)		
Family Name		
Email address		
Mobile phone	Work phone H	ome phone

2. Declaration I, (Full name of person making the declaration)					
of (Address of person making the declaration)			Postcode		
Occupation					
make the following declaration under section 9 of the Statutory Declarations Act 1959: that I am entitled to a fortnightly income under the applicable Act listed at the top of this form. I believe that the statement in this declaration is true in every particular, and I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, the punishment for which is imprisonment for a term of 4 years. Signature of declarant					
Declared at		in the State/Territory of			
on this	day of		20		
This declaration was signed/initialled by electronic means. (Tick if declaration was signed electronically)					

^{*}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 important account information from us.

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2. Declaration (continued) To be completed if an appointed person¹ is acting on behalf of the person named in Section 1. I, (Full name of appointed person making the declaration)						
of (Address of appointed person making the declaration)		Postcode				
Occupation						
make the following declaration under section 9 of the <i>Statutory Declarations Act</i> 1959: that the person named in section 1 is alive. I believe that the statement in this declaration is true in every particular, and I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the <i>Statutory Declarations Act</i> 1959, the punishment for which is imprisonment for a term of 4 years.						
Contact number		. D. C. C. L				
	I have attached a certified copy of my curr	ent Proof of Identity document(s)				
If Super SA has not received a certified copy of the document effecting the appointment within the previous 10 years, please provide a newly certified copy of the document effecting the appointment.	I have previously provided Super SA with effecting the appointment and confirm the I have attached a certified copy of the doc	at the document is still current.				
Signature						
×						
Declared at	in the State/Territory o	of				
on this	day of	20				
This declaration was signed/initialled by electronic means. (Tick if declaration was signed electronically)						

1 An appointed person is acting on behalf of a member pursuant to a legal authorisation. This can include:
Power of Attorney,
Enduring Power of Attorney,
Guardianship or Administration Court Order.

DATE OF ISSUE: 9 APRIL 2025

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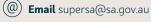
Please complete all the details on this form in **BLOCK LETTERS** and return, with any other document(s) required to Super SA.

3. Witness Declaration I confirm that the person named in section 2 is personally known to me or has provided identification and did declare and sign the foregoing					
declaration in my presence on this $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	year Y Y Y Y				
	Date				
Signature	D D / M M / Y Y Y				
Title/qualification/position held of Witness ²					
Address					
Suburb	State Postcode				
This declaration was taken remotely under the observation of the authorised witness through an audio-visual link and the requirements under the <i>Statutory Declarations</i> Act 1959 for taking declarations by audio visual link were complied with. (Tick if the declaration was witnessed remotely online)					
Email address	Contact number				

2 Under the Statutory Declarations Regulations 2023 (Cth) the following people can witness or certify documents:

 a Justice of the Peace, a Commissioner for taking Affidavits, a Notary Public, a Proclaimed Police Officer, a Medical Practitioner, a Pharmacist.
 Please refer to the Attorney General's website for the full list of approved witnesses which can be accessed at the AG Website (Commonwealth) > Legal system > Statutory Declarations > Information for witnesses > Am I an approved witness? > Who can witness a Commonwealth statutory declaration.
 If you reside outside Australia, we will accept forms witnessed by: an Australian Consular Officer, an Australian Diplomatic Officer, a Judicial Officer or a Practising Lawyer.

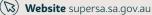
Please note that you cannot certify your own documents, even if you meet the criteria listed above.



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Phone 1300 369 315



Member Centre, Kaurna Country Ground floor, 151 Pirie St Adelaide SA 5000

SUFM01

(Enter from Pulteney Street).

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