

Confirmation of income entitlements



Super SA



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:

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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 | Y |
| Given Name(s) | | | | | | | | | | | | | | | | | | | | | | | |
| Family Name | | | | | | | | | | | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile phone | | | | | | Work phone | | | | | | Home phone | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

*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.

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)

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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 *Statutory Declarations Act 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 *Statutory Declarations Act 1959*, the punishment for which is imprisonment for a term of 4 years.

Contact number

I have attached a certified copy of my current 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 a certified copy of the document effecting the appointment and confirm that the document is still current.

I have attached a certified copy of the document effecting the appointment.

Signature

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)

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.

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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 day of year

Full name

Signature



Date

 / /

Title/qualification/position held of Witness²

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 *Statutory Declarations 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.

Contact us

Email supersa@sa.gov.au

Post GPO Box 48, Adelaide SA 5001

Website supersa.sa.gov.au

Phone 1300 369 315

Member Centre, Kaurna Country
Ground floor, 151 Pirie St Adelaide SA 5000
(Enter from Pulteney Street).