

APPLICATION FOR PAYMENT OF SURCHARGE LIABILITY



SUPER SA
contributing to your future

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

1. Personal Details

Super ID

--	--	--	--	--	--	--	--	--	--

Mr Ms Miss Mrs Dr Prof

Surname _____

Given name(s) _____

Postal address _____

Postcode _____ Date of birth / /

Email* _____

Telephone* (W) _____

(H) _____

(M) _____

Name of agency _____

Employee no _____

Please remember that before Super SA is able to process your application you need to complete all sections on this form. If you do not provide the requested information there will be a delay in processing your application.

Super SA must be notified of your request to apply the withheld amount to settle your surcharge liability within two months of your final surcharge assessment being issued by the Australian Taxation Office.

If you do not contact us to pay the surcharge liability within two years, Super SA may pay the withheld amount directly to you, or if the amount is subject to preservation, to your nominated rollover fund.

Checklist

- I have completed my personal details (section 1).
- I have supplied Super SA with my tax file number (TFN) (section 2).
- I have provided my final surcharge assessment notice from the Australian Taxation Office (ATO). Please note that your entitlement cannot be processed without your final assessment notice.
- I have provided my rollover payment details for any balance of my withheld amount, if subject to preservation (section 4).
- I have signed the declaration (section 5).

2. Tax File Number

Tax file number

--	--	--	--	--	--	--	--	--	--

Contact us

Address

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

Postal

GPO Box 48, Adelaide, SA 5001

Call

(08) 8207 2094 or 1300 369 315 (for regional callers)

Email

supersa@sa.gov.au

Website

www.supersa.sa.gov.au

* 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.

APPLICATION FOR PAYMENT OF SURCHARGE LIABILITY



SUPER SA
contributing to your future

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

3. Amount Payable

The amount of your surcharge liability is \$ _____

Funds for the amount of my surcharge liability will be paid directly to me via electronic funds transfer.

Please provide your account details below.

Electronic transfer of funds

Please note payments cannot be made to third party accounts, credit cards or overseas accounts. Super SA does not accept responsibility for rejection of transfer due to incorrect account details being provided by you.

Complete the following:

Name of financial institution _____

Branch _____

Account name (account holder name) _____

BSB number (compulsory)

 -

Account number

 - -

4. Rollover Payment Details

Please complete this section if your withheld amount is subject to preservation. Your payment details will be used for any remaining balance payable after your final surcharge liability has been paid.

Name of rollover institution _____

New policy/member number _____

Postal address of rollover institution _____

Note: If we are unable to verify that the rollover super fund is a complying fund, we will require you to provide a letter of compliance from the fund.

5. Member Declaration

I declare that the information I have provided on this form is true and correct and understand:

- that funds for the amount of my surcharge liability and the balance of my withheld amount, including investment earnings (less tax), will be paid directly to me as two separate payments via electronic funds transfer
- if the balance of my withheld amount is subject to preservation, it will be forwarded to my nominated rollover fund (section 4).

Signature _____

Date

/ /