



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

1. Student Details (must be aged between 16 and 25 years)

Super ID

Surname

Given name(s)

Address

Postcode

Date of birth / /

Email*

Telephone* (H)

(M)

The Certificate of Attendance should be signed by the Principal or Registrar of the student's school, educational institution or university. A separate application must be made for each student.

2. Parent or Guardian Details

(if student is under the age of 18)

Surname of parent or guardian

Given name of parent or guardian

Address

Postcode

3. Certificate of Attendance

It is the responsibility of the parent/guardian or student if over 18 to notify Super SA in writing immediately if the student ceases full-time studies.

Name of school, educational institution or university

I hereby certify that:

(insert student's full name)

- is a full-time student at the above named educational institution and I expect him/her to remain a student for the current year:

commencing: / / ending: / /

- was a full-time student at the educational institution named above up to and including:

/ /

Signature

Date / /

(Principal or Registrar)

Name

Position

Contact no.

Please insert the school stamp below

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.



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4. Payment Details

B) Payment details

Name of financial institution _____

Branch _____

Account name (account holder name) _____

BSB number (compulsory)

-

Account number

When completing your account details, please use numbers only. Characters and symbols will not be recognised. For more information, contact your financial institution.

Important

If you wish to nominate a bank account for your benefit to be paid to, we require you to provide a bank statement (eg printed statement or online statement from a bank or credit union) for the account. These statements need to be current (ie less than 12 months old) and must show your BSB, account number and your full name on the account.

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.

5. Declaration

I hereby declare that to the best of my knowledge and belief that all information given in this application is true and correct.

Signature _____

Date / / _____

(Student if over 18 years or parent or guardian)

Super SA use only

Student pension of \$ _____ per fortnight

Approved / / _____ Manager

Govt _____

Fund _____

Total _____