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 (08) 8214 7800

Sup	er	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		Date of birth	
Title		D D / M M / Y	
Given Name(s)			
Family Name			
Email address*			
Mobile phone*	Work phone	Home phone	
Street address			
Suburb		State Postci	ode
Postal address (if different from above)			
Suburb		State Postc	ode

*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 Full name of person making the declaration	
do solemnly and sincerely declare that I am entitled to a fortnightly income under the applic	cable Act listed at the top of this form.
C:	Date
Signature of declarant: 🗴	D D / M M / Y Y Y
	Continued over next page.

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2. Declaration (continued) To be completed if an appointed person* is acting on behalf of the Full name of appointed person in block letters	person named in Section 1.		
l,			
Address			
of			
Suburb	State Postcode		
do solemnly and sincerely declare that the person named in sectio	n 1 is alive.		
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,	I have previously provided Super SA with a certified copy of the document effecting the appointment and confirm that the document is still current.		
please provide a newly certified copy of the document effecting the appointment.	I have attached a certified copy of the document effecting the appointment.		
······································			
Signature 🗶	Date D D / M M / Y Y Y Y		

*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.

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	year Y Y Y				
Full name					
	Date				
Signature 🗶	D D / M M / Y Y Y				
Title/qualification/position held of Witness ²					
Address					
Suburb	State Postcode				
Contact number					

- 2 Under the Statutory Declarations Regulations 1993 (Commonwealth) 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: www.ag.gov.au/legal-system/statutory-declarations/ about-commonwealth-statutory-declarations/who-can-witness-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



WEBSITE supersa.sa.gov.au



POST GPO Box 48, Adelaide SA 5001 (a) MEMBER CENTRE Ground floor, 151 Pirie St Adelaide SA 5000 (Enter from Pulteney Street).