

## Request for departing Australia Superannuation payment - temporary resident

**Address:** GPO Box 180 Melbourne VIC 3001

**Phone:** 1300 655 002 **Fax:** (03) 9934 3465 **Email:** info@csf.com.au **Internet:** www.csf.com.au

Please use BLOCK letters and black ink when completing this form. This request will be invalid if unsigned.

This form should be completed when you are requesting a payment of your superannuation benefit from your superannuation fund.

**A separate form is required for each benefit if you have more than one fund.** Please read the instructions before filling in this form.

The information requested in the form is needed by Catholic Super for identification purposes only. The information will not be used for any other purpose and will be subject to privacy guidelines. Refer to disclaimer below.

### Who should complete this form?

- Temporary residents who have entered Australia on an eligible temporary resident visa and who subsequently permanently depart Australia.
- The eligible classes of visa and other information can be found on the ATO Superannuation website at [www.ato.gov.au/super](http://www.ato.gov.au/super)
- Your visa must have expired or have been cancelled.

### Supporting Documentation

If your benefit is **less than \$5,000**, you will need to provide:

- a copy of your visa, or evidence that you were a holder of an eligible temporary resident visa which has expired or been cancelled; and
- a copy of your passport showing the departure stamp. Post the form to Catholic Super with all relevant documentation to prove eligibility.

If your benefit is **\$5,000 or more**, you need a written statement from the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) stating that you were a holder of an eligible visa that has:

- expired or has been cancelled; and
- that you have permanently departed Australia.

To obtain this written statement from DIMIA you will need to complete a Confirmation of immigration status form, which can be found on:

- DIMIA's website at [www.immi.gov.au](http://www.immi.gov.au); or the
- Tax Office website at [www.ato.gov.au/super](http://www.ato.gov.au/super)

Send your Confirmation of immigration status form and an application fee to DIMIA, along with your completed application form. DIMIA will forward this to your fund(s) once it is confirmed that you have left Australia. DIMIA will not accept your application while you are still in Australia.

### Section 1: Your personal details

Mr/Mrs/Ms/Miss	Surname										
Given Names											
Date of Birth (dd/mm/yyyy)				Sex	Telephone (Business hours)						
Telephone (Home)				Facsimile							
Email											
<b>Current Postal Address</b> (outside Australia to which all correspondence will be sent)											
Street Number / PO Box				Street Name							
Suburb / Town						State	Postcode				
Country											

## Section 2: Completing Proof of Identity

You will need to provide **certified documentation** to prove you are the person to whom the superannuation entitlements belong. Please tick the relevant box/es to indicate which of the following acceptable certified documents you have attached to this form. (Only provide original documents if you are submitting this form in person at a Fund office).

EITHER:	OR	AND
<p>One of the following documents only:</p> <p><input type="checkbox"/> A current driver's licence or permit issued under the law of a State or Territory; or</p> <p><input type="checkbox"/> A passport issued by the Commonwealth which can be up to two years out of date;</p> <p>that contains a photograph of the person in whose name the document is issued.</p>	<p>One of the following documents:</p> <p><input type="checkbox"/> birth certificate or birth extract</p> <p><input type="checkbox"/> citizenship certificate issued by the Commonwealth</p> <p><input type="checkbox"/> pension card issued by Centrelink that entitles you to financial benefits.</p>	<p><input type="checkbox"/> notice issued by Commonwealth, State or Territory Government within the past 12 months, containing your name and residential address, recording the provision of financial benefits (Not applicable if you are also providing a pension card)</p> <p><input type="checkbox"/> notice issued by the ATO within the past 12 months that contains your name and residential address</p> <p><input type="checkbox"/> notice issued by a local council or utilities provider within the past three months that contains your name and residential address.</p>

If you are unable to provide accepted certified documents, please contact Catholic Super for other options.

### Certification of personal documents

All copied pages of **original** proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below). The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date. The following people can certify copies of the originals as **true and correct** copies:

- a person enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia, as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a notary public officer (for the purposes of the Statutory Declaration Regulations 1993)
- a police officer
- a permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- a finance company officer with five or more years of continuous service with one or more finance companies (for the purposes of the *Statutory Declaration Regulations 1993*)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees

## Section 3: Verification details

We are authorised by taxation and Superannuation law to request but not require your tax file number (TFN). It is not an offence not to quote your TFN. If you do not supply your TFN, employer contributions received since 1 July 2007 may be subject to an additional 31.5% tax which cannot be recovered once you have left the Fund. In addition, your benefit will be taxed at a higher rate.

Australian Tax File Number (TFN):

### Last Address in Australia or Address shown on your last superannuation fund statement or advice

Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Return the completed, signed and dated application to: Catholic Super, GPO Box 180, Melbourne VIC 3001

**Section 4: Attach additional documentation that needs to accompany this form**

My Superannuation benefit is (less than \$5,000) I have attached:

- a copy of my visa, or evidence that I was a holder of an eligible temporary resident visa which has expired or been cancelled; and
- a copy of my passport showing the departure stamp.

My superannuation benefit is (\$5,000 or more,) I have:

- attached a confirmation of immigration status from the department of immigration and multicultural and indigenous affairs.

*\* Please note if you are a New Zealand citizen you cannot apply for this type of payment.*

**Section 5: Privacy**

When your personal details are provided to Catholic Super they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. If you wish to view Catholic Super's Privacy statement please contact us on 1300 655 002.

**Section 6: Declaration by Individual**

**You must sign and date this section before returning this form to Catholic Super.**

I declare that the information given in this form is complete and correct

Applicant's Signature

Date (dd/mm/yyyy)

**Name (please print)**

Mr/Mrs/Ms/Miss

Surname

Given Names

Member Number

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