

Pensioner Details Confirmation

Why do you need to complete this form?

State Super has a responsibility to protect the assets held in trust for current and future beneficiaries. This includes ensuring that there is an ongoing entitlement and that the correct amount of pension is being paid.

State Super has a number of administrative procedures to reduce the risk of pension overpayments. These procedures include having pension members complete this form each year.

This form may also be used to assist with locating potential reversionary beneficiaries.

A general power of attorney can be accepted in NSW even if it was made overseas. The power of attorney must, however, have certain basic features. It must:

- be in English, or translated into English by a qualified translator
- show the date that it was made, the name of the principal and the name of the attorney
- have a statement that gives the attorney the power to act for the principal
- be signed by the principal
- be witnessed by an adult person.

Important information

- ▶ Before completing this form, please read the instructions in the *Notes for pensioners* section.
- ▶ If you are completing this form under a *Power of Attorney*, you will need to provide a certified copy of the *Power of Attorney*. Each page must be individually certified.
- ▶ Send the completed form and any supporting documents to either:

State Super (Pensions)
GPO Box 2181
Melbourne VIC 3001

Or email to:

enquiries@stc.nsw.gov.au

The completed form must be received by State Super's administrator, Mercer, by 8th November 2024.

If Mercer does not receive the form by this date, your pension payments may be suspended.

Notes for pensioners

Information for Section 3 – Certification by pensioner/Power of Attorney and a qualified witness

The certification section must be completed and signed in the presence of a qualified witness.

Qualified witness

People who are qualified to witness your form are:

1. Bank Managers
2. Commissioner for taking Affidavits
3. Commissioner for taking Declarations
4. Consular staff at an Australian Embassy, Consulate or High Commission
5. Directors of Nursing Homes
6. Judge, Registrar or Deputy Registrar at the Court
7. Justice of the Peace
8. Medical Practitioners
9. Notary Public Officers
10. Police Officers
11. Post Office Managers
12. Legal Practitioners
13. Town Clerks
14. People who are authorised to witness sworn statements in the country where you are living can also complete the witness certification in Section 3 of this form.

If you need help with this form

Contact Customer Service between 8:30am and 5:30pm AEST Mon–Fri on **+61 2 4209 5434** or email enquiries@stc.nsw.gov.au

Section 1 – Pensioner details

**This information must be provided.*

If you are completing this form under a Power of Attorney, please check the details of the pensioner you represent. A copy of the *Power of Attorney* must be attached and each page must be certified.

*Member number

*Date of birth

 / /

*Given name(s)

*Surname

*Residential address

*Suburb

*State/Territory/County/Province

*Postcode

Country

Postal address (if different from above)

Suburb

State/Territory/County/Province

Postcode

Country

*Daytime contact telephone number

Mobile number

Email address

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Section 2 – Spouse or Next of kin details

This section must be completed.

Relationship

Given name(s)

Surname

Postal address

Suburb

State/Territory/County/Province

Postcode

Country

Daytime contact telephone number

Mobile number

Section 3 – Certification

This section is to be completed in front of a qualified witness. Please refer to the *Notes for pensioners* section on page 1.

Certification by pensioner

I declare that the information I have given is correct.

Signature

Date

/ /

OR

Certification by Power of Attorney

I confirm that the information on this form is true and complete and that the pensioner is alive at the date this form is completed, and that the *Power of Attorney* has not lapsed or been revoked.

Signature

Date

/ /

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Section 3 – Certification *(continued)*

To be completed by a qualified witness.

Certification by a qualified witness

I have seen the person and have confirmed their identity using a photo identification document.

Given name(s)

Surname

Qualification (as per page 1)

Address

Country

Contact telephone number

Witness Signature

Date

 / /

08/2024

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