

## Certificate of Enrolment in Full-time Study

### Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Mercer Administration Services (Australia) Pty Ltd, in accordance with STC's Privacy Statement, the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002 (NSW), under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies and third parties.

For further information about privacy, contact Mercer by writing to:

GPO Box 2181 Melbourne VIC 3001

or visit

#### www.statesuper.nsw.gov.au.

ABN 29 239 066 746 SPIN SAS0101AU

#### Notes to parent/guardian

This certificate is for the purposes of the application for payment of pension benefits for a full-time student aged:

- SASS between 16 to 25
- SSS between 18 to 25
- PSS between 18 to 21

#### What you need to do

- Complete the student details section below.
- Contact the registrar or principal of the educational institution and make arrangements for them to complete this form.
- Return this form to:

State Super GPO Box 2181 Melbourne VIC 3001

#### Student's details

Member number of deceased contributor/pensioner
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tudent's given name/s			
tudent's family name			
ostal address of parent/guardian			
uburb		State/Territory	Postcode
esidential address of parent/guardian			
uburb		State/Territory	Postcode
/ork or Home Daytime contact telephone	number		
lobile number			

#### If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on DB 1300 130 094 or SASS 1300 130 095 or SSS 1300 130 096 or PSS 1300 130 097 or email **enquiries@stc.nsw.gov.au** 

	Student's details (continued)		
	Email address of parent/guardian		
	Notes to educational institution		
	<ul> <li>What you need to do</li> <li>Complete the rest of this form.</li> <li>Have the form signed by the principal or registrar and affix the official institution stamp.</li> <li>Return this form to the parent or guardian.</li> </ul>		
	Details of educational institution		
	Name of educational institution Postal address Suburb State/Territory Postcode		
	Details of course		
<b>Note:</b> We can only accept a course as valid if the course is continuing at the current date.	Name of course         Date course begins (DD-MM-YYYY)         -         -		
	Please sign here		
	<ul> <li>I certify that this institution is:</li> <li>an educational institution established by or under any State or Commonwealth Act</li> <li>an institution recognised by a Government body providing accreditation for educat institutions within the relevant jurisdiction, or</li> <li>an institution whose students are eligible for Government student assistance, or</li> <li>an institution which provides a course leading to a qualification recognised by a Government body or by a professional association.</li> </ul>		
	Name (Print in BLOCK LETTERS)		
	Signature of principal/registrar Date (DD-MM-YYYY)		

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Official institution stamp

# STC 226 10/2024