

# Application for Resignation or Dismissal Benefit

#### Please print clearly in black ink.

# Use this form...

If you are a member of the Police Superannuation Scheme (PSS) and you have resigned or been dismissed from your employment.

# Before you fill in this form

Please read PSS Fact Sheet 7: *Resignation/Dismissal benefit and voluntary benefit deferral*, STC Fact Sheet 10: *Basic Benefit* and STC Fact Sheet 20: *SANCS Additional Employer Contributions (AEC) Account*.

# How to apply

## You must fill in sections 1 to 6 of this form.

These sections tell the administrator, Mercer, what you want to do with your superannuation benefit when you resign or are dismissed.

# Your employer must fill in section 7, the *Employer's Declaration*.

If this is not filled in when you receive the Form, please give it to your employer to complete when you have filled in sections 1 to 6.

# Notes for applicants

# Options for payment of benefits

#### **PSS** benefit

The PSS benefit is your cash termination benefit. It can be deferred, rolled over or paid directly to you. *It is important to note that the value of the deferred benefit may be considerably higher than the withdrawal benefit that is immediately payable.* 

# State Authorities Non-contributory Scheme (SANCS) benefit

As a member of PSS, you are also entitled to receive a SANCS benefit. The SANCS benefit is a lump sum benefit that is payable in addition to the PSS benefit.

The SANCS benefit includes the basic benefit and, if eligible, the additional employer contribution (AEC) account and any Commonwealth Government contributions. As the SANCS benefit is subject to compulsory preservation it is often deferred in the fund until you have reached your preservation age (between age 55 - 60). However the SANCS benefit cannot be deferred if the PSS benefit is withdrawn from the fund, in which case the SANCS benefit must be rolled over to another complying superannuation fund.

### **Basic Benefit**

The Basic Benefit is a lump sum that can be deferred (if the PSS benefit is also deferred) or rolled over. Read STC Fact Sheet 10: *Basic benefit* for more details.

#### Additional employer contributions (AEC) account

Not all PSS members will have an AEC account, as it only applies to members whose employment after 30 June 2013 was subject to NSW Public Sector Wages Policy. Further information can be found in STC Fact Sheet 20: SANCS Additional Employer Contributions (AEC) Account.

#### **Commonwealth Government contributions**

Commonwealth Government contributions include the superannuation co-contribution and the Low Income Superannuation Tax Offset (LISTO). Further information can be found on STC Fact Sheet 13: Information about the Commonwealth Government's Superannuation co-contribution and the Low Income Superannuation Tax Offset.

#### Any debts on the account

Debts on the account, such as a contributions surcharge tax debt must be settled before benefits are paid. Options for payment are shown in section 5 of this Form.

#### If you need help with this form

#### Rolling over your benefit

If you choose to rollover any part of your benefit – it must be rolled over to a complying superannuation fund. If you choose to rollover to a self-managed superannuation fund (SMSF), payment will be made by electronic funds transfer (EFT) to the SMSF's operating bank account. You will need to provide a copy of a bank statement for the SMSF, and the bank account name will need to match the name of the SMSF. Your membership in the SMSF will also be confirmed using the ATO's SMSF verification service prior to processing any rollover. Should you need assistance in understanding the effect rolling over your benefit will have on your benefit entitlement or require further information, please contact Customer Service on 1300 130 097.

## **Giving your Tax File Number**

If you have not already supplied us with your Tax File Number (TFN), you should consider doing so now, before your benefit is paid out or rolled over. You do not have to supply your TFN, but if you don't supply it then Pay As You Go (PAYG) tax will be deducted from your benefit at a higher rate than is otherwise necessary (any additional tax that is initially deducted may be refunded by the Australian Taxation Office when they assess your next tax return).

To supply your TFN to us, ask Customer Service for a *Tax file number collection* form to complete and send it to us along with this Form.

| 1. Your personal de         | etails                |                         |           |
|-----------------------------|-----------------------|-------------------------|-----------|
| Member number               |                       | Desistered surplice     |           |
| Nernber number              |                       | Registered number       |           |
| Mr/Mrs/Ms/Miss/Dr           | Male Female           | Birth date (DD-MM-YYYY) | )         |
|                             |                       |                         |           |
| Given name(s)               |                       |                         |           |
|                             |                       |                         |           |
| Family name                 |                       |                         |           |
| Residential address         |                       |                         |           |
| Suburb                      |                       | State/Territory         | Postcode  |
|                             |                       | Otator fermiory         | T USICOUC |
| Postal address (if differen | nt from residential a | ddress)                 |           |
|                             |                       |                         |           |
| Suburb                      |                       | State/Territory         | Postcode  |
| Work or Home Daytim         | e contact telephone   | number                  |           |
| Mobile number               |                       |                         |           |
|                             |                       |                         |           |
| Email address               |                       |                         |           |
|                             |                       |                         |           |
|                             |                       |                         |           |

#### If you need help with this form

# 2. What do you want to do?

#### Mark one box with a cross.

# **PSS** benefit

\$

Pay the whole amount directly to me

Defer (go to Section 4 to give us your instructions for your SANCS benefit).

Rollover the whole amount (go to section 3).

Rollover this part of it:

and pay the rest directly to me (go to Section 3).

# 3. How do you want your PSS benefit to be paid?

### Direct cash payment details

How do you want us to pay you the money?

Please note that you will need to provide a copy of an extract of your bank statement with your application that clearly shows the account name and number.

Account name (The account must be held solely or jointly in your name)

| BSB number                  | Account number  |                 |          |
|-----------------------------|-----------------|-----------------|----------|
|                             |                 |                 |          |
| Name of bank/building socie | ty/credit union |                 |          |
|                             |                 |                 |          |
| Branch                      |                 |                 |          |
|                             |                 |                 |          |
| Suburb                      |                 | State/Territory | Postcode |
|                             |                 |                 |          |
|                             |                 |                 |          |

Direct crediting is not available on a full range of accounts, or for all building society and credit union accounts. To confirm whether this facility is available, please check with your financial institution.

#### If you need help with this form

# 3. How do you want your PSS benefit to be paid? (Continued)

### **Rollover details**

Name of chosen rollover fund

| Name of chosen rollover fund                          |                              |
|---|------------------------------|
|   |                              |
| Postal address of chosen rollover fund                |                              |
|   |                              |
| Suburb  | State/Territory Postcode     |
|   |                              |
| Please provide the following details about your chose | sen rollover fund.           |
| Unique Superannuation Identifier (USI) (not applicate | ole for transfers to SMSF's) |
|   |                              |
| Electronic Service Address (ESA)* (only applicable f  | or transfers to SMSF's)      |
|   |                              |
| Australian Business Number (ABN)                      |                              |
|   |                              |
| Your member account number in rollover fund (if kn    | own)                         |
|   |                              |

If you wish to rollover into more than one fund, please copy this page and complete details for each rollover.

To avoid delay in the payment of your benefit, please complete all rollover details above. This information is required under Commonwealth tax provisions. It can be obtained directly from your chosen rollover fund. The ABN may also be obtained by using the ABN lookup service on the www.business.gov.au website.

\*An ESA is an alias that represents the uniform resource locator (URL) or internet protocol (IP) address of a messaging provider. It ensures you meet all technical requirements for interacting electronically across the superannuation network. An email address is not an ESA.

You can obtain an ESA from an SMSF messaging provider or through your SMSF intermediary such as SMSF administrator, tax agent, accountant or some banks. Many of these options are no cost or low cost.

If you choose to rollover any part of your benefit – it must be rolled over to a complying superannuation fund.

If you choose to rollover to a self-managed superannuation fund (SMSF), payment will be made by electronic funds transfer (EFT) to the SMSF's operating bank account. You will need to provide a copy of a bank statement for the SMSF, and the bank account name will need to match the name of the SMSF. Your membership in the SMSF will also be confirmed using the ATO's SMSF verification service prior to processing any rollover.

#### If you need help with this form

Mark one box with a cross.

To avoid delay in the payment of your benefit, please complete all rollover details. This information is required under Commonwealth tax provisions and can be obtained directly from your chosen rollover fund. The ABN may also be obtained by using the Super Fund Lookup service on the www.superfundlookup. gov.au website. \*Not applicable for selfmanaged super funds.

# 4. SANCS benefit

I request that my SANCS benefit be deferred with my deferred PSS lump sum; or

I request that my SANCS benefit be rolled over.

#### **Rollover details**

Name of chosen rollover fund

| Postal address of chosen rollover fund                   |                  |          |
|--|------------------|----------|
|  |                  |          |
| Suburb   | State/Territory  | Postcode |
|  |                  |          |
| Please provide the following details about your choser   | n rollover fund. |          |
| Unique Superannuation Identifier (USI)*                  |                  |          |
|  |                  |          |
| Electronic Service Address* (only applicable for transfe | ers to SMSF's)   |          |
|  |                  |          |
| Australian Business Number (ABN)                         |                  |          |
|  |                  |          |
| Your member account number in rollover fund (if know     | n)               |          |
|  |                  |          |

If you want to roll over to more than one superannuation fund, approved deposit fund, annuity organisation or retirement savings account, please attach a list showing the name, address, and details as set out above for the other/s, and give amount/s to be rolled over to each.

\*For transfers to your self-managed superannuation fund (SMSF), you will also need to provide your electronic service address (ESA).

An ESA is an alias that represents the uniform resource locator (URL) or internet protocol (IP) address of a messaging provider. It ensures you meet all technical requirements for interacting electronically across the superannuation network. An email address is not an ESA.You can obtain an ESA from an SMSF messaging provider or through your SMSF intermediary such as SMSF administrator, tax agent, accountant or some banks. Many of these options are no cost or low cost.

If you choose to rollover any part of your benefit – it must be rolled over to a complying superannuation fund. If you choose to rollover to a self-managed superannuation fund (SMSF), payment will be made by electronic funds transfer (EFT) to the SMSF's operating bank account.

You will need to provide a copy of a bank statement for the SMSF, and the bank account name will need to match the name of the SMSF. Your membership in the SMSF will also be confirmed using the ATO's SMSF verification service prior to processing any rollover.

If you need help with this form

|   | 5. How do you want to pay your Surcharge Debt Account (if applicable)  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
|   | If you have a surcharge debt account, you have two options as to how to pay this amount:   |  |  |  |  |  |  |  |
|   | <ul> <li>you can have the amount of the surcharge debt account deducted from your SANCS<br/>benefit (before payment), or</li> </ul>  |  |  |  |  |  |  |  |
|   | • you can pay the amount of the debt account to the scheme as a voluntary payment (Please see form STC 237 <i>Payment of contributions or surcharge debt by Electronic Funds Transfer (EFT)</i> for further information, which can be found at www.statesuper.nsw.gov.au). |  |  |  |  |  |  |  |
|   | The surcharge debt account must either be deducted from the SANCS benefit or a voluntary payment made before any benefit is paid from the scheme.  |  |  |  |  |  |  |  |
|   | Please note that if you do not select any of the two options, the amount of the surcharge debt account will be deducted from your SANCS benefit (before payment).  |  |  |  |  |  |  |  |
| Mark one box with a cross.                      | Please select one of the following options.  |  |  |  |  |  |  |  |
|   | Please deduct the amount of my surcharge debt amount from my SANCS benefit (before payment).   |  |  |  |  |  |  |  |
|   | I have repaid the amount of my surcharge debt account to the scheme as a voluntary payment and have completed form STC 237 <i>Payment of contributions or surcharge debt by Electronic Funds Transfer (EFT)</i> .  |  |  |  |  |  |  |  |
|   | 6. Applicant - please sign here  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   | I declare that the information I have given is correct.  |  |  |  |  |  |  |  |
|   | I have reviewed Section 8 - Proof of Identity and Section 9 - Electronic verification, and confirm the following (please select one or more):  |  |  |  |  |  |  |  |
|   | I am not required to provide proof of identification as I am not receiving any part of<br>my benefit in cash and am not rolling over any part of my benefit to a self-managed<br>superannuation fund (SMSF)  |  |  |  |  |  |  |  |
|   | I have provided certified proof of identity documents  |  |  |  |  |  |  |  |
|   | If my proof of identity documents are not certified correctly, I consent to State<br>Super or Mercer Administration Services (the fund administrator) verifying my<br>identification electronically.   |  |  |  |  |  |  |  |
| What to do next                                 | I have provided electronic verification information in Section 9. I consent to State<br>Super or Mercer Administration Services (the fund administrator) verifying my  |  |  |  |  |  |  |  |
| Has the employer                                | identification electronically.   |  |  |  |  |  |  |  |
| completed section 7 of the Form?                | Note - if you provide authorisation to have your identity verified electronically but the  |  |  |  |  |  |  |  |
| If <b>yes</b> attach any                        | documents are not compatible, you will need to provide certified copies of the required documents. We will contact you if this is the case.  |  |  |  |  |  |  |  |
| necessary documents and send the completed Form | Name (Print in BLOCK LETTERS)  |  |  |  |  |  |  |  |
| to:   |  |  |  |  |  |  |  |  |
| State Super (PSS)                               | Signature  |  |  |  |  |  |  |  |
| GPO Box 2181<br>MELBOURNE VIC 3001              | Date (DD-MM-YYYY)  |  |  |  |  |  |  |  |
| If <b>no,</b> give this Form to                 |  |  |  |  |  |  |  |  |

## If you need help with this form

the employer to complete

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon-Fri on 1300 130 097 or email enquiries@stc.nsw.gov.au

section 7.

| ·   |  |                   |                                |            |                                       |        |            |       |       |  |
|---|--|-------------------|--------------------------------|------------|---------------------------------------|--------|------------|-------|-------|--|
| Employee's given                                      | name/s   |                   |                                |            |                                       |        |            |       |       |  |
|   |  |                   |                                |            |                                       |        |            |       |       |  |
| Employee's family                                     | name   |                   |                                |            |                                       |        |            |       |       |  |
|   |  |                   |                                |            |                                       |        |            |       |       |  |
| Registered number                                     | ər   | _                 |                                |            | Supera                                | annua  | ition i    | numb  | ber   |  |
|   |  |                   |                                |            |                                       |        |            |       |       |  |
| Birth date (DD-MN                                     | Л-ҮҮҮҮ)  |                   |                                |            | Date c                                | f exit | (DD-I      | MM-Y  | (YYY) |  |
| -   | -  |                   |                                |            |                                       | -      |            | -     |       |  |
| Attributed full-time                                  | e salary   |                   |                                |            | Full-tin                              | ne     | Part       | -time |       |  |
| \$  |  |                   |                                |            |                                       |        |            |       |       |  |
|   |  |                   | nissed*.                       |            |                                       |        |            |       |       |  |
| I declare that the i                                  | nformation I I                                       | have giv          |                                | rect.      |                                       |        |            |       |       |  |
|   |  |                   | en is cor                      |            |                                       |        |            |       |       |  |
| l declare that the i<br>Name of authori               |  |                   | en is cor                      |            |                                       |        |            |       |       |  |
| Name of authori                                       | sing officer   | (Print in         | en is cor                      | LET        | TERS)                                 |        |            |       |       |  |
| Name of authori                                       | sing officer   | (Print in         | en is cor                      | LET        |                                       | MM-Y   | ΥΥΥ)       |       |       |  |
|   | sing officer   | (Print in         | en is cor                      | LET        | TERS)                                 | MM-Y   | YYY)<br>-  |       |       |  |
| Name of authori                                       | sing officer   | (Print in         | en is cor                      | LET        | TERS)                                 | MM-Y   | YYY)<br>-  |       |       |  |
| Name of authori                                       | sing officer<br>horising offi                        | (Print in         | en is cor                      | LET        | TERS)                                 | MM-Y   | ~~~y)<br>- |       |       |  |
| Name of authori<br>Signature of aut                   | sing officer<br>horising offi                        | (Print in<br>icer | en is cor<br>BLOCK             | Dat        | TERS)<br>e (DD-1                      |        | ~~~y<br>-  |       |       |  |
| Name of authori<br>Signature of aut<br>What to do nex | sing officer<br>horising offi<br>tt<br>r completed s | (Print in<br>icer | en is cor<br>BLOCK<br>1 to 6 o | LET<br>Dat | TERS)<br><b>e</b> (DD-1<br>-<br>Form? |        | -          |       |       |  |

\* We do not need to be given dismissal details until after any appeal proceedings have been finalised.

# If you need help with this form

# 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

# 8. Proof of identity

You will need to provide certified<sup>†</sup> documentation or electronic verification information with your application form to prove your entitlement to the superannuation benefits.

Proof of identity is required if your application is for:

- the payment of any part of your benefit as a lump sum directly to you; or
- the rollover of any part of your benefit to a Self Managed Super Fund (SMSF).

**Note** – You are not required to provide proof of identification if you are applying only for a lump sum benefit – and you are applying to rollover your entire benefit (including your basic benefit) to a complying superannuation fund, other than a self managed superannuation fund (SMSF).

If your entire benefit is being transferred to a complying superannuation fund (other than a SMSF), we are able to verify your identity through the Australian Taxation Office (ATO) using their Super TFN Integrity Check (Super TICK) service. In the event that Super TICK is unavailable or if the records we hold do not match the ATO records – identity documents may be required. Identity documents or electronic verification information will still be required for rollovers to a SMSF.

The following certified documents can be accepted:

#### Either

One of the following certified documents:

- Current Australian State or Territory drivers licence containing a photograph of the person, or
- Australian Passport, or
- Current card issued under a State or Territory law for the purpose of providing a person's age containing a photograph of the person, or
- Current foreign passport or similar travel document containing a photograph and the signature of the person\*

#### OR

One certified document from each of the following groups:

#### Group 1

- An Australian birth certificate or birth extract issued by a State or Territory
- Citizenship certificate issued by the Commonwealth
- Current pension card issued by Centrelink that entitles the person to financial benefits

# Group 2

- Notice issued by the Commonwealth or a State or Territory government within the preceding 12 months that records the provision of financial benefits to you, i.e., a letter from Centrelink.
- Notice issued by the Australian Taxation Office within the past twelve months that contains your name and residential address and records an amount payable to or by you, i.e., your last tax assessment.
- Notice issued by a local government body or utilities provider within the past three months that shows your name, residential address and the provision of services to you, i.e. water, gas or electricity bill, rates notice.
- \* Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

## Change of name

Make sure that proof of change of name is also provided if your current name is not the same as the name on these documents, e.g. Change of name certificate, or deed poll document. If your name has changed on marriage, a marriage certificate issued by the Registry of Births, Deaths and Marriages is required; ceremonial marriage certificates are not acceptable.

<sup>†</sup> Certified means that all copied pages of original proof of identity documents or change of name documents have been certified as true copies by an individual approved to do so. Persons who are authorised to certify documents must sight the original and the copies and make sure both documents are identical, then make sure that all copies are certified as true copies by writing or

#### If you need help with this form

# 8. Proof of identity continued

stamping 'certified true copy' followed by the individual's signature, printed name, qualification and date.

### If you are in Australia

The following persons are eligible to certify copies of original documents:

- Australia Post Permanent Employee or Agent (who is currently employed with the post office and has at least two continuous years of service or is in charge of supplying postal services to the public)
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank Officer, Building Society Officer or Credit Union Officer (with two or more years of continuous service)
- Chiropractor
- Commissioner for Affidavits or Declarations
- Court Officer: Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- Dentist
- Fellow of the National Tax Accountants'
   Association
- Finance Company Officer (with two or more years of continuous service with one or more finance companies)
- Justice of the Peace
- Legal practitioner
- Marriage celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- Medical practitioner
- Member of Chartered Secretaries
   Australia
- Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)
- Member of Engineers Australia (other than at the grade of student)
- Member of the Association of Taxation and Management Accountants

- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force (who is an officer; or a noncommissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of Religion (registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- Notary Public
- Nurse
- Optometrist
- Officer with, or a credit representative of, a holder of an Australian credit licence, having two or more years of continuous service with one or more licensees
- Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees
- Patent attorney
- Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Pharmacist
- Physiotherapist
- Police Officer, Sheriff's Officer or Sheriff
- Psychologist
- Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)
- Teacher employed on a full-time basis at a school or tertiary education institution
- Trade marks attorney
- Veterinary surgeon

#### If you need help with this form

# 8. Proof of identity continued

#### If you are outside Australia

The following people are eligible to certify copies of original documents outside of Australia:

- consular staff at an Australian Embassy, High Commission or Consulate
- a public notary or other person authorised to administer an oath or affirmation or to authenticate documents in the country you are visiting or living in.

The professions listed under **If you are in Australia** can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certified outside Australia, the certifier must quote their registration number or the relevant law that qualifies them to authenticate your documents.

# 9. Electronic verification

Please complete this section if you would prefer to allow us to verify your identity information electronically, instead of providing certified proof of identity documents.

We use a platform called 'greenID' to complete this verification. GreenID assists entities in meeting their Anti-Money Laundering and Counter-Terrorism Funding obligations by providing a secure and complete identity verification system.

You must provide complete details for any TWO of the following (note, only Australian documents can be verified electronically)

#### 1. Medicare Card

Full name exactly as shown on my Medicare Card

| Medicare number   |               |         |         |                      | Reference number |        |       |      |        |      |        |        |      |     |
|---|---------------|---------|---------|----------------------|------------------|--------|-------|------|--------|------|--------|--------|------|-----|
|   |               |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
| /alid to (MM/YYYY)  |               |         |         | Medicare card colour |                  |        |       |      |        |      |        |        |      |     |
| /   |               |         |         |                      |                  | Gree   | en    |      | Blue   |      | Yel    | OW     |      |     |
| 2. Drivers Licence  |               |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
| Full name exactly as  | s shown o     | n my D  | rivers  | Lice                 | nce              |        |       |      |        |      |        |        |      |     |
|   |               |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
|   |               |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
| Licence number  |               |         |         |                      | Driv             | er lic | cenc  | e ca | ard nu | ımbe | er     |        |      |     |
|   |               |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
| State of issue  | Expiry (I     | DD-MM   | -YYY    | Y)                   |                  |        |       |      |        |      |        |        |      |     |
|   |               | -       | -       |                      |                  |        |       |      |        |      |        |        |      |     |
| 3. Australian Pass  | port          |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
| Passport Number   |               |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
|   |               |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
| Place of birth (as sh   | iown on p     | asspor  | t)      |                      |                  |        |       |      |        |      |        |        |      |     |
|   |               |         | Т       |                      |                  |        |       |      |        |      |        |        |      |     |
| Country of birth (not   | : shown o     | n passp | oort)   |                      |                  |        |       |      |        |      |        |        |      |     |
|   |               |         | Т       |                      |                  |        |       |      |        |      |        |        |      |     |
| Expiry date (DD-MN  | 1-YYYY)       |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
|   |               |         |         |                      |                  |        |       |      |        |      |        |        |      |     |
| <b>Notes:</b> If your name<br>need to provide a ce<br>Births, Deaths & Ma | ertified link |         |         |                      |                  |        | -     |      |        |      |        | -      |      | of  |
| If you complete the to validate your deta                                 |               |         | onic id | entit                | y ide            | ntific | ation | n, w | e will | take | e this | s as ( | cons | ent |

If you provide authorisation to have your identity verified electronically but the documents are not compatible, you will need to provide certified copies of the required documents and post these to us. We will contact you if this is the case.

#### If you need help with this form