

Application for Early Release of a Benefit on Compassionate Grounds

Notes for applicants

Who can apply

Members of:

State Authorities Superannuation Scheme (SASS), State Superannuation Scheme (SSS), Police Superannuation Scheme (PSS) and State Authorities Non-contributory Superannuation Scheme (SANCS).

Important note: Your application can only be considered if you provide written consent to a reduction in your scheme benefits to offset the early release - see *Effect on benefit entitlements*.

Reasons for applying

There are six reasons for applying for the early release of a benefit on compassionate grounds (see section 3), and conditions apply in each case.

If you don't meet any of these conditions, you may still be able to apply on grounds of financial hardship. Please contact Customer Service for more information.

Expenses you have already paid

A benefit cannot be released for an expense that has already been paid. This includes a debt that has been incurred in order to pay the expense. If the expense was paid by borrowing money from a commercial lender, using a credit card or borrowing money from family or friends – the expense is no longer an eligible expense which can be released from superannuation. The arrangement for the repayment of borrowed funds must be settled with the lender.

What benefits are payable?

The actual amount that may be approved for release will be determined by Mercer on the basis of your application. Each condition may be subject to maximum release amounts. Depending on your circumstances, additional information may be requested to assess your application.

The amount released cannot exceed the value of your accrued withdrawal (resignation) benefit. In the case of a deferred benefit, this is the immediate lump sum (see your Annual Statement).

Payment

If your benefit is released, payment will be a single lump sum amount that takes into account both the reason for the application and the applicant's financial capacity to meet the expenses.

Tax payable

Generally, superannuation benefits released before reaching preservation age are subject to higher (though still concessional) rates of tax. The tax payable will depend on the taxable and tax free components of your benefit and your age. Please see STC Fact Sheet 3: *Taxation*, for details of the Commonwealth tax rules regarding the amount of tax payable on superannuation benefit payments at certain ages.

Mercer will calculate how much of your before tax benefit should be released to provide the after tax amount that is approved.

Effect on benefit entitlements

The early release of part of your superannuation benefit will reduce the amount of the scheme benefits you will receive in the future. A deferred benefit will be reduced when the early benefit payment is made.

If you are a current contributor, a debt account (adjusted for interest) will be created. The accumulated debt will be deducted from your benefit when it is either deferred in the scheme or is paid to you e.g. at retirement age.

A debt will be deducted from the SANCS entitlement first. The reduction of a pension benefit will be calculated using actuarial factors.

Details of your debt account or deferred benefit reduction, as appropriate, will be shown on your Annual Statement.

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](tel:1300130094) or [SASS 1300 130 095](tel:1300130095) or [SSS 1300 130 096](tel:1300130096) or [PSS 1300 130 097](tel:1300130097) or email enquiries@stc.nsw.gov.au

Providing your Tax File Number

If you have not already given us your Tax File Number (TFN), your benefit may be taxed at a higher rate than is necessary.

The Member services area of the website and your last statement shows if your TFN has been supplied. If not, then it can be supplied via the Member Area of the State Super website or by contacting Customer Service and following the prompts. Alternatively, you can request a *Tax File Number Collection* Form to complete and send it to us along with this form.

1. Your personal details

Please read STC Fact Sheet 6: *Early release of a benefit on compassionate grounds*, before completing this form.

Member number

Mr/Mrs/Ms/Miss

Male

Female

Birth date (DD-MM-YYYY)

Given name(s)

Family name

Residential address

Suburb

State/Territory

Postcode

Postal address (if different from residential address)

Suburb

State/Territory

Postcode

Work or Home

Daytime contact telephone number

Mobile number

Email address

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2. What amount do you need?

\$

3. Why are you applying?

Reason 1

Mark one box with a cross.

☐

To pay for current and future expenses for medical treatment or medical transport. I meet the conditions of application which are:

- I do not have the financial capacity to meet these expenses
- the treatment or transport are for myself or a dependant
- the treatment or transport was/will be unavailable through the public health system
- the treatment or transport was/will be necessary to either:
 - treat a life-threatening illness or injury, or
 - alleviate acute or chronic pain, or
 - alleviate an acute or chronic mental disturbance.
- I have certificates from two different medical practitioners (at least one being a specialist) confirming the necessity of treatment and unavailability of transport, and
- I have a letter from a doctor or service provider giving estimates or details of future expenses.

Reason 2

☐

To pay the amount of the mortgage on my principal place of residence that will stop the mortgagee foreclosing the mortgage or selling the residence.

I meet the conditions of application which are:

- I do not have the financial capacity to meet this expense
- I have a statement from the mortgagee advising of foreclosure or sale of the residence (this statement also states the amounts representing:
 - 3 months' mortgage repayments, and
 - 12 months' interest on the outstanding balance of the loan), and
- within the last 12 months I have not applied for the early release from my SASS, SSS, PSS or SANCS account of more than the sum of 3 months' repayments and 12 months' interest on the outstanding balance of the loan.

Reason 3

☐

To pay for the modifications to:

- my principal place of residence, and/or
- my vehicle.

The modifications are required to accommodate special needs arising from a severe disability suffered by:

Name

Relationship

and whose disability is:

nature of disability

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3. Why are you applying? (continued)

I meet the conditions of application which are:

- I do not have the financial capacity to meet these expenses
- the modifications are for myself or a dependant
- I have a letter from a doctor or professional carer confirming the severe disability and the desirability of having modifications done to my house or vehicle
- I have a quote for the cost of the modifications.

Reason 4

☐ To pay expenses associated with palliative care for:

Name

Relationship

I meet the conditions of application which are:

- I do not have the financial capacity to meet these expenses
- the palliative care is for myself or a dependant
- I have a certificate from a medical practitioner confirming the requirement for palliative care because of impending death, and
- I have a quote for the cost of the care.

Reason 5

☐ To pay expenses associated with the death of:

Name

Relationship

I meet the conditions of application which are:

- I do not have the financial capacity to meet these expenses
- the deceased was a dependant, and
- I have a statement of the expenses incurred because of the death, together with an estimate of anticipated future expenses.
- The expenses do not exceed the maximum release amounts as detailed on STC Fact Sheet 6: *Early release of a benefit on Compassionate grounds* in the section titled 'How much can I receive?'.

Reason 6

☐ To meet expenses in other cases where the circumstances are consistent with one of the five reasons listed above. The particular reason(s) that I believe my expenses are consistent with is:

Please also tick the relevant box(es), next to the particular Reason 1- 5 above, that your expenses are consistent with.

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4. What is your financial capacity?

1. What is your estimated total fortnightly income (after tax)?

\$

2. Do you have a spouse or partner?

☐ No, please go to Question 6.

☐ Yes, please give the following information:

3. Name of your spouse/partner

Mr/Mrs/Ms/Miss Male Female

Given name(s)

Family name

4. Current occupation of your spouse/partner

5. What is the total fortnightly income (after tax) of your spouse/partner?

\$

6. To assist us in assessing your application, we need an indication of your household's average fortnightly expenses.

We understand that you may pay some of these monthly, quarterly or even yearly.

In these cases, work out the average fortnightly amount. For example: if you pay land rates once a year, the fortnightly amount would be the annual amount divided by 26.

Rent/Board/home loan repayments	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car/lease	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other loan repayments	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit card repayments	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health insurance.....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other insurance	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Childcare/school fees	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Land rates	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food/electricity/gas/water/phone	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (give details)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. To assist us in assessing your application, we need an indication of your assets (that is, the things you own) other than the house you live in.

Vehicles	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household goods	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares/bonds	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other investments	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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4. What is your financial capacity? (continued)

8. Do you have any dependants?

☐ No, please go to next question

☐ Yes, please give the following information:

If you have more than eight dependants, please attach a separate list.

Name of dependant #1

Given name(s)

Family name

Relationship to you

Age

Name of dependant #2

Given name(s)

Family name

Relationship to you

Age

Name of dependant #3

Given name(s)

Family name

Relationship to you

Age

Name of dependant #4

Given name(s)

Family name

Relationship to you

Age

Name of dependant #5

Given name(s)

Family name

Relationship to you

Age

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4. What is your financial capacity? (continued)

Name of dependant #6

Given name(s)

Family name

Relationship to you

Age

Name of dependant #7

Given name(s)

Family name

Relationship to you

Age

Name of dependant #8

Given name(s)

Family name

Relationship to you

Age

9. If you have an answering machine or voice mail, do we have permission to leave a message for you?

☐

No

☐

Yes

☐

Not applicable

10. It often helps us in assessing an application if we have your permission to talk to people who may contact us on your behalf. Please indicate below those people whom you give Mercer permission to speak with to assist us in assessing this application.

Staff of the lending company

☐

No

☐

Yes

☐

Not applicable

Doctor(s) named in my application

☐

No

☐

Yes

☐

Not applicable

Spouse/Partner

☐

No

☐

Yes

☐

Not applicable

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4. What is your financial capacity? (continued)

Please name any other people you give Mercer permission to speak with. These may include your parents or children, your solicitor, counselor or financial advisor, but can include whomever you choose.

5. Consent to benefit reduction

I consent to the reduction of my superannuation benefits for any amount that is approved for early release.

I also acknowledge that this amount will, in the case of a current contributor, include interest accumulated at the fund earning rate on the released amount.

Name

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Signature

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Date (DD-MM-YYYY)

				-					-										
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6. How do you want to be paid?

Mark one box with a cross.

If the early release of my superannuation benefit is approved, please:

- ☐ For third party accounts (Reason 2 payments only) — enclose a certified copy of the payment instruction from the lender/financial institution.
- ☐ Pay directly into this account:

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

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BSB number

--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of bank/building society/credit union

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Take this form to a Justice of the Peace or a solicitor and sign this section in front of them. They will ask you to identify yourself (unless they have known you for at least 12 months) before they complete the certification section below.

7. Statutory declaration

Statutory declaration

Oaths Act 1900 (NSW) Eighth schedule

I, the undersigned (please print your full name)

Name

in the State of New South Wales, do solemnly and sincerely declare that all of the information provided by me in connection with this application is true and correct.

I also declare that I have read and understood the information relevant to this application as outlined in STC Fact Sheet 6: *Early release of benefit on compassionate grounds*.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1900*.

Your signature

Signature

Taken and declared at

Address

Suburb

State/Territory

Postcode

in New South Wales on this date (DD-MM-YYYY)

in the presence of an authorised witness, who states:

Name of authorised witness

Qualification of authorised witness

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. *I saw the face of the person **OR** *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months **OR** *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was...

Describe identification document relied on

Signature of authorised witness

Date (DD-MM-YYYY)

*Please cross out any text that does not apply.

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8. Additional Information

Please provide any additional information you believe supports your application.

If you need more space, you may use the back page of this form.

9. Prepare any documents

Prepare any documents you need to send in with the application form together with Certified proof of identity document(s) or electronic verification information, as outlined in Sections 10 and 11.

Reason 1

☐ **I am applying for medical reasons and have supplied the following:**

- ☐ Copy of letter/certificate from specialist.
- ☐ Copy of letter/certificate from second doctor.
- ☐ Copy of unpaid medical bills OR estimates from doctor.

And/or

☐ **I am applying for medical transport reasons and have supplied the following:**

- ☐ Copy of letter/certificate from specialist.
- ☐ Copy of letter/certificate from second doctor.
- ☐ Copy of unpaid medical transport bills OR estimates from doctor.

Reason 2

☐ **I am applying for mortgage assistance reasons and have supplied the following:**

- ☐ Statement from the mortgagee advising of the foreclosure or sale of the residence. This statement also states the amounts representing:
 - 3 months' mortgage repayments, and
 - 12 months' interest on the outstanding balance of the loan.

Reason 3

☐ **I am applying for home/vehicle modification reasons and have supplied the following:**

- ☐ Copy of letter/certificate from doctor.
- ☐ Copy of unpaid bills OR estimates.
- ☐ Letter from doctor or professional carer confirming the severe disability and desirability of having modifications done to my house or vehicle, and quote for the cost of the modifications.

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9. Prepare any documents (continued)

Reason 4

☐ I am applying for palliative care reasons and have supplied the following:

☐ Letter from a doctor.

☐ Copy of unpaid bills OR quotations.

☐ Certificate from a medical practitioner confirming the requirement for palliative care because of impending death.

☐ Quote for the cost of the care.

Reason 5

☐ I am applying for death/funeral/burial expenses and have supplied the following:

☐ Copy of unpaid bills OR quotations.

☐ Certified copy of Death Certificate or letter from doctor.

☐ Statement of the expenses incurred because of the death, together with an estimate of anticipated future expenses.

Reason 6

☐ I am applying on grounds consistent with one or more of the above-mentioned reasons and have supplied the following:

☐ Copy of certificates or letters from doctor or other service providers.

☐ Copy of unpaid bills OR quotations.

Return the completed form to:

State Super
GPO Box 2181
MELBOURNE VIC 3001

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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 including the insurer or medical consultant who may be involved with the assessment of this application.

Personal medical information in relation to your application may also be obtained from a third party, such as a medical consultant. Access to this information may be restricted if the information that is provided poses a serious threat to your life or health.

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

10. Proof of identity

You will need to provide certified[†] documentation or electronic verification information with your application form to prove your entitlement to the superannuation benefits.

You can either provide certified proof of identity documents that must be posted to us (see below) or alternatively, you can provide the information in Section 11 - Electronic verification, which will enable us to verify your information electronically.

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 showing the provision of services to you and your current residential address, 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.

[†] 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 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)

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10. Proof of identity *continued*

- 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 non-commissioned 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 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.

If you need help with this form

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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.

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

Full name exactly as shown on my Medicare Card

Green Blue Yellow

Full name exactly as shown on my Drivers Licence

Passport Number

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.