

Section 2 – Next of kin details (continued)

Daytime contact telephone number

Mobile number

Section 3 – Certification

Certification by pensioner

I confirm that the information on this form is true and complete.

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and that the pensioner is alive at the date this form is completed, and that the *Power of Attorney* has not lapsed or been revoked.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

 / /

If you are completing this form under a *Power of Attorney* and you have not previously given State Super a certified copy of this document, you will need to provide a certified copy of the *Power of Attorney*. Each page must be individually certified.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 652 113** or email enquiries@stc.nsw.gov.au