

# Application for departing Australia superannuation payment (DASP) from a super fund or retirement savings account

### WHEN COMPLETING THIS APPLICATION

■ Print clearly in BLOCK LETTERS using a black or blue pen only.

■ Place  $\chi$  in **all** applicable boxes.

Remember to complete a separate application form for each super fund that holds an account for you.

Lodge your application with your super fund, not with the Australian Taxation Office (ATO) or Department of Home Affairs.

Australian tax file number (TFN)					
Name					
	Other				
Family name					
First given name		Other given name/s			
		Guiler giverrieume, e			
Previous name					
If there is not enough space on this for	orm. write the d	etails on a separate page a	nd include	e it with this appli	cation.
	Other				
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First given name		Other given name/s			
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Date of birth  Day Month Year  Current postal address  Suburb/town/locality  Country if outside Australia  Phone and fax numbers  Office hours	After hours	(Area code) (Phone number)			
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Date of birth  Day Month Year  Current postal address  Suburb/town/locality  Country if outside Australia  Phone and fax numbers  Office hours  Country code) (Area code) (Phone number)  Fax	After hours				
Date of birth  Day Month Year  Current postal address  Suburb/town/locality  Country if outside Australia  Phone and fax numbers  Office hours  Country code) (Area code) (Phone number)  Fax  Country code) (Area code) (Fax number)	After hours (Country code	(Area code) (Phone number)		(Australia only)	

	Provide details of the superannuation fund where contributions have been made by you or on your behalf. If you have more than one superannuation fund, you must complete a separate application for each superannuation fund.
	Your application cannot be processed if this section is incomplete.
9	Superannuation fund name
10	Superannuation fund Australian business number (ABN) (if known)
11	Member account number/s with this superannuation fund
•••	Member account number/s with this superannuation fund
Se	ection C: Details of employer/s who contributed to the account/s
	If more than one employer contributed to the account/s, write all of the details on a separate page and include it with this application.
12	Employer Australian business number (ABN) (if known)
13	Employer business name
14	Employer business address
	Suburb/town/locality State/territory Postcode
	(Australia only) (Australia only)

Section B: Superannuation fund details

15 Period of employment

## Section D: Supporting documentation and visa information for temporary resident

Tick one of the boxes below to indicate what evidence of i	mmigration status you are providing:
I have lodged a Certificate of Immigration Status and/or rewith the Department of Home Affairs.	quest to cancel a Temporary Resident visa (Form 1194)
OR	
Note: this alternative option is only available if you are claiming	a superannuation withdrawal benefit of less than \$5,000 AUD.
I have attached a certified copy of my visa, or evidence that be in effect, and a certified copy of my passport showing m	I was the holder of a temporary resident visa which has ceased to y photograph, identification pages and departure stamps.
Working holiday maker	
<b>Note:</b> If you have applied for a <i>Certificate of Immigration Status</i> provide visa information as they will provide this information to	
If you have held either of the following two visas below, you need your application:	ed to provide visa information so we can accurately assess
<ul><li>Working holiday visa (subclass 417)</li><li>Work and holiday visa (subclass 462).</li></ul>	
List details for all visas you have held while working in Australia	(including bridging visas), starting with subclass 417 or 462 visa
Visa subclass Visa type	Effective from Effective to  Day Month Year Day Month Year
If you have held more visas while working in Australia, writ application.	e the details on a separate page and include it with this
The visa information you provide may be checked against infor application may take longer if your information does not match	
Mark the boxes below if you are required to provide the fo	llowing additional documentation:
Certified copies of documents to verify a name change fro	m that listed on your passport/visa.
Additional information requested by your super fund.	

## Section E: Payment options Please complete the section below to indicate your payment preference. Note: Not all super funds make electronic transfers. As fees and charges (including currency conversion fees) may apply. You should check with your fund to confirm the electronic payment method is available before making the request. Payment will be made by cheque to your current postal address provided at question 5 on the claim form. OR Electronic funds transfer (EFT) to an Australian bank account BSB code (Include all six numbers) Account number Full account name OR International money transfer (IMT) to your financial institution overseas Bank Code Name and address of financial institution Account name Your address, exactly as it is registered with the overseas institution Account number or International Bank Account Number (IBAN)

Currency you require payment to be made in

### Section F: Declaration by temporary resident

This section is to be completed by the temporary resident. It is **not** to be completed by an authorised representative.

Authorised representatives must complete section G of the form and read and sign the declaration at section H.

Read the declaration. If it is correct, print your full name then sign and date the declaration.

#### Declaration:

- I am the temporary resident named as the account holder of the specified super account/s
- the information given on this application, including any attachments, is accurate and complete.

Name (F	Print in BLOCK LETTERS)
Signatu	ıre
	Date
	Day Month Year
	u must sign this declaration before you send your completed application together with relevant certified copies supporting documentation to <b>your super fund</b> . You can only lodge this application <b>after you leave Australia</b> .
Do	not send this application to the ATO or the Department of Home Affairs.
ction	G: Authorised representative details
	mplete this section <b>only</b> if you have been authorised to claim DASP on behalf of the temporary resident named section <b>A</b> of this form.
	should contact the super fund to establish what evidence they require of your authority to make the claim on behalf he temporary resident.
	I must also provide supporting documentation for the temporary resident you are claiming on behalf of, as explained ection ${\bf D}$ of the Instructions.
Cor	ntact the super fund to confirm if they require any additional evidence in support of this claim.
Author	risation
	capacity are you authorised to make this application?
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Name	
	Mrs Miss Ms Other
Family na	THE
First give	n name Other given name/s
or give	State grownance
Organisa:	tion name (if applicable)
Reside	ential address (or business address if not an individual)
Suburb/to	own/locality State/territory Postcode
Country i	f outside Australia (Australia only) (Australia only) (Australia only)

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9	Postal address (if same as above – write 'as above')
	Suburb/town/locality State/territory Postcode
	Country if outside Australia only (Australia only)  (Australia only)  (Australia only)
	Daytime phone number (including country code and area code)
	Email address
	ction H: Declaration by authorised representative
	This section is to be completed by an authorised representative making the DASP claim on behalf of a temporary resident. It is <b>not</b> to be completed by the temporary resident.
	Temporary residents making their own DASP claim must complete and sign the declaration at section F.
	Read the declaration. If it is correct, print your full name then sign and date the declaration.
	Declaration:  I am authorised to make the claim on behalf of the temporary resident named as the account holder of the specified super account/s  the information of the application including any attachments in account and complete
	■ the information given on this application, including any attachments, is accurate and complete.
	Name (Print in BLOCK LETTERS)
	Signature
	Date Day Month Year

Send the completed and signed application, together with certified copies of all relevant supporting documentation to the super fund. Keep a copy of your application and certified documents for your records.

Do not send this application to the ATO or the Department of Home Affairs.