



### 3. Proof of identity

I have attached a **certified** copy of my driver's licence or passport

or

I have attached **certified** copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card

**AND**

Centrelink payment letter or Government notice (less than 12 months old) or local council notice (less than 3 months old).

#### Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as **true and correct** copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court

### 4. Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I discharge the superannuation provider of my 'FROM' fund of all further liability in respect of the benefits paid and transferred to my SAF fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

first name(s)	
last name	
signature	
	date



This certificate is for use by trustees using the Self Managed Super Fund Service.

## Certificate of Compliance

To Whom it may concern

fund name	
ABN	(if available)

As Trustees for the above named Self Managed Superannuation Fund ('the Fund'), we confirm that the Fund is registered as a Complying Superannuation Fund and complies with:

- the provisions of the Superannuation Industry (Supervision) Act 1993 and Regulations ('SIS');
- provides for benefits to be transferred into the Fund; and
- the preservation requirements as set out in SIS.


We also confirm that the Trust Deed ('the Deed') establishing the Fund allows for acceptance of all contribution types including superannuation guarantee contributions from any employer on behalf of a member.

Further confirmation as to the Fund's compliance can be obtained from the Australian Taxation Office's Register of Complying Funds (ROCS), which can be accessed online via [www.ato.gov.au](http://www.ato.gov.au) or by calling 13 10 20. Please quote the Fund's Australian Business Number (ABN) (provided above) when initiating the search.

Yours faithfully

trustee signature	
full name	
trustee signature	
full name	
trustee signature	
full name	
trustee signature	
full name	
date	/ /

**Company signatures**

signature	<input type="text"/>	date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
full name	<input type="text"/>			
capacity	sole director <input type="checkbox"/>	director <input type="checkbox"/>		
signature	<input type="text"/>	date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
full name	<input type="text"/>			
capacity	director <input type="checkbox"/>	company secretary <input type="checkbox"/>		