



Super Australia Online

# APPLICATION FORM

Visit our website on: [www.sao.com.au](http://www.sao.com.au)

1. Title  Mr  Mrs  Ms  Other

(Tick appropriate or write preferred other where indicated)

2. Surname: ..... First name: .....

(as shown on your passport)

3. Date of Birth: ..... / ..... / ..... (dd/mm/yyyy)

4. Your current postal address: .....

(outside Australia, where all correspondence will be sent)

5. Email Address: .....

6. Do you know the name of superannuation Fund/s whilst working in Australia?  Yes  No

(If you do not know the name of the Fund, or your Account Number, we can organize a search for you, but require your Tax File Number used whilst working in Australia. Go to "8")

7. Name of 1st Superannuation Fund: ..... (if known) Account Number: .....

Name of 2nd Superannuation Fund: ..... (if known) Account Number: .....

8. Do you know your Tax file number (issued whilst in Australia)?  Yes  No

(If you have lost or forgotten your Tax File Number, we can organize a search for you, (providing you are sure you had one whilst working in Australia):

Yes  Tick if you wish to receive forms to identify Tax file number issued whilst working in Australia

(your number will be mailed, confidentially, to your postal address)

9. Do you know the name of your employer whilst working in Australia?  Yes  No

Employer's name: ..... Located in: .....

(eg. Queensland, NSW, Victoria)

Type of Work: .....

(eg. nurse, waiter, farming)

10. Do you know the approximate amount you have in superannuation in Australia?  Yes  No A\$.....

Is the Amount less than A\$5,000?  Yes  No

11. Your address whilst in Australia: .....

(as given to your employers)

12. Do you hold an Australian eligible temporary Visa?  Yes  No

Has this expired?  Yes When ..... / ..... / ..... (dd/mm/yyyy)  No

(If not, you will need to cancel the Visa if you wish to access your superannuation funds.)

Do you want the appropriate form?  Yes  No

13. Where did you learn about our service?  TNT Backpacker Magazine  Backpacker Hostel

Website  Employment Agency  Superannuation Fund  Friend  Other



## PAYMENT DETAILS

Payment of AUD\$120 to be charged against my:  Visa  MasterCard  Bankcard

Card No. .... Last 3 digits on back of card (signature section) .....

Name on Card ..... Expiry Date ..... Signature .....

Fax this completed form to +61 3 9331 3604