



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 in all applicable boxes.

! Remember, you must complete a separate claim form for each fund that holds an account for you. This form must be lodged with your super fund, **not** with the Australian Taxation Office (ATO), or Department of Immigration and Border Protection (DIBP).

Section A: Temporary resident's details

1 Australian tax file number (TFN)

2 Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name/s

3 Previous name

! If there is insufficient space, write the details on a separate page and include it with this application.

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name/s

! If you have changed your name since you first entered Australia, remember to include certified evidence of your name change (for example, your marriage certificate) with this form.

4 Date of birth

Day / Month / Year

5 Current postal address

Suburb/town/locality

State/territory
(Australia only)

Postcode
(Australia only)

Country if outside Australia

6 Phone and fax numbers

Office hours
(Country code) (Area code) (Phone number)

After hours
(Country code) (Area code) (Phone number)

Fax
(Country code) (Area code) (Fax number)

7 Email address

8 Last address in Australia or address shown on your last superannuation fund statement

Suburb/town/locality

State/territory

Postcode

Section B: Superannuation fund details

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

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

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

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

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

Section 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

--	--	--

(Australia only)

Postcode

--	--	--	--	--

(Australia only)

15 Period of employment

Day	Month	Year		Day	Month	Year
			to			

Section D: Supporting documentation for temporary resident

Tick one of the two boxes below to indicate what evidence of immigration status you are providing:

I have lodged a Certification of Immigration Status and/or request to cancel a temporary resident visa (Form 1194) with the Department of Immigration and Border Protection (DIBP),

OR

I have attached a certified copy of my visa, or evidence that I was the holder of a temporary resident visa which has ceased to be in effect, and a certified copy of my passport showing my photograph, identification pages and departure stamp.

Note: this alternative option is only available if you are claiming a superannuation withdrawal benefit of less than \$5,000 AUD.

Tick the boxes below if you are required to provide the following additional documentation:

Certified copies of documents to verify a name change from that listed on your passport/visa.

Additional information requested by your super fund.

Section E: Payment options

Payment will be made by cheque to your current postal address provided at question 5 on the claim form.

If you would prefer payment is made by electronic funds transfer (EFT) to an Australian bank account or by international money transfer (IMT) to your financial institution overseas please complete the relevant details below.

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 this payment method is available before making the request.

Electronic funds transfer (EFT) to an Australian bank account

BSB code (Include all six numbers)

Account number

Full account name

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 (Print in BLOCK LETTERS)

Signature

Date

Day

Month

Year

 / /

! You must sign this declaration before you send your completed application together with relevant certified copies of supporting documentation to **your super fund**. You can only lodge this application **after you leave Australia**.

Do not send this application to the ATO or DIBP.

Section G: Authorised representative details

! Complete this section **only** if you have been authorised to claim DASP on behalf of the temporary resident named in section **A** of this form.

You should contact the super fund to establish what evidence they require of your authority to make the claim on behalf of the temporary resident.

You must also provide supporting documentation for the temporary resident you are claiming on behalf of, as explained in section **D** of the Instructions.

Contact the super fund to confirm if they require any additional evidence in support of this claim.

16 Authorisation

In what capacity are you authorised to make this application?

17 Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name/s

Organisation name (if applicable)

18 Residential address (or business address if not an individual)

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if outside Australia

19 Postal address (if same as above – write ‘as above’)

<input type="text"/>		
<input type="text"/>		
Suburb/town/locality	State/territory	Postcode
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <small>(Australia only)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(Australia only)</small>
Country if outside Australia	<input type="text"/>	

20 Daytime phone number (including country code and area code)

<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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

21 Email address

<input type="text"/>

Section 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 **not** 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 given on this application, including any attachments, is accurate and complete.

Name (Print in BLOCK LETTERS)

<input type="text"/>

Signature

<input type="text"/>

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

! 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 DIBP.