



Superannuation Refund Application Form

Instructions

- Please fill in all details **as clearly as possible.**
- All addresses must be included as Superannuation funds can make it very difficult with incorrect information.
- The following documents are also required – **clear scans only!**
 - Passport photo page (Passport number must be clear)
 - Passport entry stamp when first landed in Australia
 - Passport departure stamp once permanently left

Australia
 - Visa details
 - Secondary form of identification. Eg. Licence, student card etc.
- A fee of \$99 will be withdrawn from your total refund as a service fee. If you require us to source information for you an administration fee of \$35 will be charged.

Client Details

Full Name:

Date of Birth:

TFN:

Passport Number:

Country of origin :

Home address:

Address in Australia:

.....

Address in Australia:

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Address in Australia:

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Address in Australia:

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Address in Australia:

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Address in Australia:

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PLEASE INCLUDE ALL ADDRESSES AS EACH SUPER FUND MAY HAVE AN OLD ADDRESS!!!

Email Address:

JOBS

Job - 1

Company Name:

Company Address:

Pay period:/...../..... To/...../.....

Super FUND name:

Membership Number:

Please call us on 1800 117 405 or +61 7 553 993 61 (international) for further information.

Please send all emails to info@supertaxrefunds.com.au

Information Consent Authority

Job - 2

Company Name:

Company Address:

Pay period:/...../..... To/...../.....

Super FUND name:

Membership Number:

Job - 3

Company Name:

Company Address:

Pay period:/...../..... To/...../.....

Super FUND name:

Membership Number:

Job - 4

Company Name:

Company Address:

Pay period:/...../..... To/...../.....

Super FUND name:

Membership Number:

Job - 5

Company Name:

Company Address:

Pay period:/...../..... To/...../.....

Super FUND name:

Membership Number:

IMPORTANT:

- PLEASE FILL IN ALL DETAILS. CLEAR INFORMATION = FAST REFUNDS
- PLEASE INCLUDE ALL ADDRESSES AS YOUR SUPER FUNDS MAY HAVE OLD ADDRESSES

To whom it may concern,

- I / we authorise you to provide representatives of the business named below with any information and documentation they require regarding my insurance, superannuation and investments.
- I / we authorise the adviser named below to become my servicing authorised representative for my financial products. I understand that the responsibility of servicing my financial products will be allocated to my new authorised representative.
- I am / we are aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to the business named below and its representatives.

Please accept this facsimile copy / photocopy as authority, as the original will stay on file at the address shown below.

Client Details	
Client Full Name	
Date of Birth	
Current Address	
Previous Addresses	
Previous Addresses	
Previous Addresses	
Representative Details	
Name	
Business Name	Super Tax Refunds Australia
ABN	41 138 084 769
Address	Shop 22, 9 Beach Rd, Surfers Paradise, QLD 4217
Phone	1800 117 405
Facsimile	03 8679 3343
Email	info@supertaxrefunds.com.au

Yours faithfully

Signed: _____

Name: _____

Date: ____/____/____