

# Payment Form Account balance under \$200

To determine if your account balance (or benefit) is under \$200, please contact AUSfund on 1300 361 798. When completing this form, please ensure you return it with identification (step 3) and the declaration (step 4) is signed.

### Important information:

- Your balance may change due to interest, fees and charges. If your balance is over \$200 at the time of processing, your request will not be processed.
- Faxed, emailed or photocopied forms are not accepted.
- If this form is not fully completed, not signed, or does not have the appropriate ID the payment will NOT be processed and the form will be returned to you.
- Processing of your benefit payment can take up to 30 days to complete. You will be advised when the benefit payment

Please fill in details clearly in BLOCK LETTERS and please use blue pen

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1. Personal details (Please tell us your current details)
AUSfund member number:
Title: DOB: DD / MM / YYYY
Given name(s): Surname:
Address:
Suburb/Town: State: Postcode: Postcode:
Phone: Mobile: Mobile:
2. Payment instructions
Please provide your account (Australian bank, building society or credit union) details, so we can transfer your benefit to you. We can only pay your benefit into an account which is in the same name as your AUSfund membership. Please note we cannot transfer money to a loan, credit card, business account or SMSF account.
Name of bank:
BSB number: Account number: Account number:
Account name:
Branch address: State: Postcode: Postcode:

If AUSfund does not receive all of the information required to process your benefit payment via EFT or the information provided is not clearly displayed, we will issue your benefit to you via cheque. Cheque payments are made payable to the member only, and will be sent to the member's current address.



# 3. Identification requirements

In order for your benefit to be paid, we need to verify your identity. Choose either A or B below.

A. One of the following documents:						
<ul> <li>A photocopy of your current Driver Licence showing a clear and legible photograph, your current address and signature</li> </ul>	A photocopy of your current passport showing     a clear and legible photograph and signature					
B. Two documents required:						
<ul> <li>A photocopy of ONE of the following documents:</li> <li>Birth Certificate or Birth Extract</li> <li>Citizenship Certificate issued by the Commonwealth of Australia</li> <li>Your current Pension Card issued by Centrelink that entitles you to financial benefits, and shows your current address as held on your AUSfund account</li> </ul>	PLUS	<ul> <li>ONE of the following documents:</li> <li>A current letter from Centrelink regarding a Government Assistance Payment that shows your current address as held on your AUSfund account.</li> <li>Notice issued by Commonwealth, State or Local Government within the past 12 months that shows your current address. For example: A Notice of Assessment from the Australian Tax Office or a Rates Notice from Local Council.</li> </ul>				

### Change of name or signing on behalf of another person

If you have changed your name from the name we have on record OR are signing on behalf of the applicant, you will need to provide a certified linking document.

A linking document is a document that proves a relationship exists between two (or more) names. Suitable linking documents are:

- Change of name Please provide a **certified copy**\* of the Marriage Certificate or Deed Poll Change of Name Certificate from the Births, Deaths and Marriages Registration Office.
- Signed on behalf of the applicant Please provide a certified copy\* of the Guardianship papers or Power of Attorney and a certified copy\* of the Guardian's or Attorney's driver's licence or Passport.

\*What is a certified copy? A photocopy of the original document, which has been signed by a Solicitor, Justice of the Peace or anyone who can witness a Statutory Declaration, verifying that they have sighted the original documents. Please do not send original documents.

# 4. Declaration and signature

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 have asked my superannuation provider for information about any fees/or charges that may apply, or any other information about the effect this cash payment may have on my benefits, and do not require any further information.
- I discharge the Trustee of Australia's Unclaimed Super Fund, AUSfund, of all further liability in respect of the benefits paid.
- I declare that I am a permanent resident of Australia or New Zealand. (If this statement does not apply to you, contact us on 1300 361 798 for details on how to make a claim).

Signature of member:	Date:	D	D	/	M	M	/	Υ	Υ	Υ	Υ

## 5. Send to

AUSfund, PO Box 2468, Kent Town SA 5071