

SUPERANNUATION REFUND APPLICATION



Please complete this application, and with your **CERTIFIED** copies (see instructions in "How to certify my documents" PDF) **MAIL ONLY** to: Taxback Australia, 1/464 Oxford Street Mall, Bondi Junction, NSW 2022.

ABOUT YOU

| | |
|-------------------------|--------------------------------|
| Given Name: _____ | Family Name: _____ |
| Date of Birth: _____ | Tax File Number: _____ |
| Passport Number: _____ | Country of Issue: _____ |
| Visa Number* _____ | Visa Type (e.g. 417/457) _____ |
| First Entry Date: _____ | Final Departure Date: _____ |
| Visa Expiry Date: _____ | |

* Your visa number will be listed on your visa email or the visa stamp on your passport.

CONTACT YOU

Your Most Recent Australian address: _____

Overseas Address: _____

Email Address: _____
Mobile: _____

BANK DETAILS FOR YOUR REFUND

Required bank details vary from country to country. Please contact your bank for the correct international transfer details.

| | |
|-----------------------|----------------------------|
| Name of Bank: _____ | Account Holder Name: _____ |
| Account Number: _____ | Sort Code: _____ |
| IBAN: _____ | SWIFT/BIC Code: _____ |

EMPLOYER DETAILS

(If you had more than 2 employers, please complete separate sheets)

| EMPLOYER 1 | EMPLOYER 2 |
|---------------------------------|---------------------------------|
| Company Name: _____ | Company Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |
| Date Started: _____ | Date Started: _____ |
| Date Finished: _____ | Date Finished: _____ |
| Name of Fund (if known): _____ | Name of Fund (if known): _____ |
| Member Number (if known): _____ | Member Number (if known): _____ |

POST THESE FORMS TO US AT

TAXBACK AUSTRALIA, 1/464 Oxford Street, Bondi Junction NSW 2022 Australia
www.taxbackaustralia.com.au

General Power of Attorney & Superannuation Intermediary Approval

I (name) _____ (Date of Birth) _____

Of (most recent Australian address) _____

hereby appoint Skilled Accounting Pty Ltd, (hereinafter referred to as Skilled Accounting), ABN 33 002 054 408,
to be my attorney and superannuation intermediary.

My attorney may exercise the authority conferred on my attorney by Part 2 of the Powers of Attorney Act 2003, to do on my behalf anything that I may lawfully authorise an attorney to do. My attorney's authority is subject to any additional details specified in this document. This Power of Attorney operates immediately.

I authorise my attorney to:

- 1) Request and receive any superannuation details (including member number), pay summary, statement of earnings or tax file number from my employer and Superannuation fund/s
- 2) Prepare, sign and process any agreements, consents or other documents (including superannuation claim forms) required to refund or facilitate the withdrawal of any superannuation benefits
- 3) Request and receive any tax and superannuation refund cheques(s) to which I may be entitled to from the Australian Tax Office or any superannuation fund
- 4) Deposit any Australian tax or superannuation refund cheque(s) into Skilled Accounting's bank account for the purpose of applying the whole or part of it in payment of professional fees and disbursements that have been rendered to me;
- 5) Act as intermediary to organise the collection of superannuation on my behalf
- 6) Use this power of attorney for the purposes of online applications for Departing Australia Superannuation payment (DASP)
- 7) To use my TFN and other relevant information to search any lost members register, superannuation holding accounts and ATO records and receive the search results. Skilled Accounting may also provide my details to obtain Department of Immigration and Multicultural and Indigenous Affairs changes to and confirmation of my immigration status
- 8) Act for me as complainant to any superannuation fund.

This power of attorney shall cease to be effective once Skilled Accounting has completed all my Australian tax and superannuation matters.

Skilled Accounting Representative.....

Signed, Sealed and Delivered by * eY` fa_ SflZ kagdbSeebadZ
(Principal's Signature)

Date

In the presence of * A witness is any adult that see's
(Witness Signature) your signature

Witness Name

Date

Witness Address

CERTIFIED DOCUMENTS TO BE ATTACHED

(N.B. Please make 2 copies of EACH document & get both copies certified)

Please see "How to certify my documents" for instructions on how to get your documents certified.

| | Attached | Certified |
|---|--------------------------|--------------------------|
| • Photograph and signature page of your passport (2 copies) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Arrival stamp into Australia in your passport (2 copies) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Departure stamp from Australia in your passport (2 copies) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Your Australian visa showing the expiry date (either the stamp from the passport OR the email) (2 copies) | <input type="checkbox"/> | <input type="checkbox"/> |

ALSO:

Certified copy of one of the following that shows your name, photo and signature: ..

E.g. Drivers Licence, Government issued ID, Student ID Card

OR

Certified copies of 2 of the following cards (from different banks) that show your name:

E.g. ATM Card, Visa Card, Mastercard, American Express Card, Diners Club Card

Note: Please also forward copies of any correspondence you may have from your super fund e.g. letters/membership cards etc.