

Indigenous persons identity referral form



Complete this form in conjunction with your referee to assist TelstraSuper prove your identity.

This form is made for the purpose of the definition of "reliable and independent documentation" in chapter 1 of the Anti-Money Laundering and Counter Terrorism Financing Rules Instrument 2007 (No.1)

Important information

If you are a member or beneficiary with Aboriginal and/or Torres Strait Islander heritage and you're unable to meet TelstraSuper's proof of identity requirements, you may provide alternative supporting documentation to verify your identity.

You can do this by completing this form and attaching a recent photo of yourself. TelstraSuper may ask for extra information to prove your identity.

Some service providers in remote communities may be able to help you provide a photo of yourself by printing a copy of your ID card or community card on their organisation's official letterhead. Examples of ID cards include: Larrakia Nation community card, Junkuri Laka Mornington Island ID Card, Tangentyere ID Card.

You must sign this form in front of your referee and a witness who is 18 years or over. Your referee must be one of the following:

- an office bearer of an incorporated Indigenous organisation or land council
- a community leader or recognised elder
- school principal
- police officer
- your current employer
- a health professional or manager of an Aboriginal medical service
- a person before whom a statutory declaration can be made, or
- a person who is otherwise considered by TelstraSuper to be reliable and independent.

Each form must have your original signature on it. Faxed, scanned or photocopied signatures cannot be processed.

1. Member details

YOUR INFO ↓

Title Mr Mrs Miss Ms Other

Surname* Member number

Given name(s)* Date of birth* (if uncertain of your birth date, use an approximate date)

Other or previous names used or known by

Place of birth*

Current residential address*

Suburb/town* State* Postcode*

Previous address

Suburb/town State Postcode

*Mandatory Fields. If these fields are not completed we will be unable to process your request.

2. Member contact details

YOUR CONTACT DETAILS ↓

Best contact phone number Email address

Best postal address

Preferred method of contact Phone Email Post

YOU SIGN HERE

3. Member signature

Sign here in front of a witness who is 18 years or over

Signature	X	Date	
Witness signature	X	Date	
Witness full name			

REFEREE INFO

4. Referee details

Title Mr Mrs Miss Ms Other

Surname* Given name(s)*

Type of referee/Title in organisation (see Important information for details)*

Organisation (if applicable) ABN (if applicable)

Daytime contact number*

I have known the member for Months Years

***Mandatory Fields.** If these fields are not completed we will be unable to process your request.

5. Referee statement and signature

I confirm that:

- I am an authorised referee (as listed in the Important information section)
- The member has signed this form in my presence
- The names listed on this form are all of the names that I am aware that the member has been known as
- The addresses listed on this form are addresses where I am aware the member has resided
- The member is the person in the attached photograph.

Sign here in front of a witness who is 18 years or over

Signature	X	Date	
Witness signature	X	Date	
Witness full name*			

REFEREE SIGN HERE



Please return completed form to TelstraSuper

PO Box 14309, MELBOURNE VIC 8001.

You must send the original signed form. Faxed, scanned or photocopied forms cannot be accepted.

Before sending this form to TelstraSuper, please check that you have:

- read the Important Information section
- completed all mandatory fields
- attached your photo
- signed the form in front of your referee and a witness 18 years of age or over

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