

Unclaimed Money – Guidance Notes

PLEASE NOTE:

This application will not be accepted unless it is fully completed, signed and witnessed in blue or black ink.

In support of your application you must provide evidence that you are the rightful owner.

Print clearly in the boxes provided.

HELP:

If you need help completing this form, please contact our office by email at ntrevenue@nt.gov.au or by telephone on 1300 305 353.

GLOSSARY

- Agent – A person or organisation authorised to act on behalf on an owner.
- Certified copy – A document declared to be correct, true or genuine by a Justice of the Peace or Solicitor.
- Company – A company or co-operative registered under the *Co-operatives Act* whose head or principal office is in the Northern Territory.
- Owner – The person who is entitled to the money.
- Superannuation provider – A trustee of a superannuation fund that is administered from within the Northern Territory.
- TRO – Abbreviation for Territory Revenue Office.
- Unclaimed money – Money including principal and interest, dividends, bonuses, profits, money on deposit, withdrawable share capital or superannuation benefits that is held by a company or superannuation provider on account of another person or body.

PRIVACY STATEMENT

The information requested in this form is required by Territory Revenue Office (TRO) to determine whether you are entitled to unclaimed money. Any information you provide is on a voluntary basis and will assist your claim for unclaimed money. The information you provide in this form will be used in determining your claim for unclaimed money and will not be disclosed to a third party without your consent unless provided by law. Information provided by you with respect to your claim will be held by TRO and you have the right to access and correct this information.

TERRITORY REVENUE OFFICE

GPO Box 1974 Darwin NT 0801 ph: 1300 305 353 email: ntrevenue@nt.gov.au www.revenue.nt.gov.au

SUPPORTING EVIDENCE

You will need to send evidence with this application to prove you are the rightful owner. You must send **certified copies** of documents unless original documents are requested.

You will need to provide:

1. Proof of Identity

A certified copy of one of the following: a drivers licence, passport or birth certificate of the owner.

– Where the owners name has changed from the name shown on TRO's records, attach a certified copy of the documentation evidencing change of name (eg. marriage certificate, deed poll papers).

2. Proof of a connection to the last known address held by TRO

This can be a certified copy of a council rates notice, an electricity or gas invoice, or correspondence with the company or superannuation provider that forwarded the unclaimed money to TRO.

3. Proof of a link to the company or superannuation provider that forwarded the unclaimed money

Certified copy of correspondence from the company or superannuation provider, statements, share or premium certificates. If evidence of a connection to the company or superannuation provider (other than the Northern Territory Superannuation Office) cannot be provided, a formal letter from the company or superannuation provider certifying the claimant is the rightful owner.

4. Proof of Taxfile Number (for unclaimed superannuation benefits only)

A certified copy of a tax assessment or TFN notification advice from ATO is required. You are not obliged to provide your TFN but if it isn't provided, in accordance with an ATO ruling, tax may be required to be withheld from your payment at the top marginal rate.

Depending on the circumstances of your claim additional supporting evidence may be required as follows:

5. Claim lodged for money held in the name of a deceased estate

The claim form may be completed by the Executor or Administrator of the estate, but proof of their appointment must be provided.

6. Claim lodged by an individual for money held in a company name

An original letter of authority with the company seal affixed. The letter must state the person's position within the organisation - eg Secretary, Business Proprietor, etc.

PAYMENT

Payment options are listed in PART E of the application.

Claimants for unclaimed superannuation benefits may elect to transfer the funds into a rollover fund by completing the relevant details about the rollover fund in Part E.

If a claimant for unclaimed superannuation elects to receive payment directly (that is, by cheque or direct deposit), TRO may be required to withhold tax at the relevant tax rate.

Tax withholdings do not apply where the superannuation amount is transferred to a rollover fund.

LODGEMENTS

You can lodge this application by mail or in person at our Darwin office.

TERRITORY REVENUE OFFICE

Office Location:	Level 14 Charles Darwin Centre 19 The Mall, DARWIN NT 0800	Postal Address:	Territory Revenue Office GPO Box 1974 DARWIN NT 0801
Office Hours:	Monday to Friday 9:00am to 4:00pm (Note: the office is closed from 2pm on the last Tuesday of every month)		
General Enquiries:	1300 305 353	Facsimile:	(08) 8999 5577
Internet:	www.revenue.nt.gov.au	Email:	ntrevenue@nt.gov.au

Claim Form – Unclaimed Money

PART A CLAIMANT DETAILS

OWNER 1

Name:

Current residential address: Postcode:

Postal address:

Date of birth: Tax file number:
(for unclaimed superannuation benefits only)

Phone number: Email address:

OWNER 2

Name:

Current residential address: Postcode:

Postal address:

Date of birth: Tax file number:
(for unclaimed superannuation benefits only)

Phone number: Email address:

PART B AGENT DETAILS

Complete this section only if an **agent** for the owner is lodging this form. If you are lodging this claim on your own behalf go to *Part C - Claim details*.

Business name:

Business address: Postcode:

Postal address:

Contact name: Daytime phone:

Client number: Email address:
(if known)

TERRITORY REVENUE OFFICE

GPO Box 1974 Darwin NT 0801 ph: 1300 305 email: ntrevenue@nt.gov.au www.revenue.nt.gov.au

PART C CLAIM DETAILS

Claim amount: \$

Provide the name and address of the corporation or superannuation provider with whom the money was held prior to being unclaimed.

Name:

Address: (if known)

PART D SUPPORTING EVIDENCE

Please refer to supporting evidence section (page 2) as to what documents are required in support of your claim.

Supporting documents attached.

PART E PAYMENT DETAILS

By cheque to my agent (a cheque will be made in your name and sent care of your agent nominated in Part B).

By cheque to my address (a cheque will be sent to the address you provided in Part A).

By direct deposit to my account (please provide your bank account details below).

Account Details:

Account Name (eg John & Jan Citizen)

Name of Financial institution

Branch

BSB number (must have 6 numbers) —

Account Number (Max. of 9 numbers)

Rollover funds (unclaimed superannuation benefits only) to the fund described below:

Rollover Account Details:

Rollover Fund Name

Rollover Fund Phone Number

Rollover Fund ABN

Postal Address of Fund

Postcode

Rollover Fund Membership Number

PART F STATUTORY DECLARATION AND AUTHORISATION

I, (owner 1) and (owner 2):

1. Declare that I am/we are the owner(s) of the unclaimed money, the subject of this claim.
2. Declare the information and contents of this application and the information provided in support of this application are, to the best of my/our knowledge, true and correct.
3. Understand and agree to the Territory Revenue Office conditions relating to the repayment of unclaimed money.
5. Accept if the conditions are not met, I/we will not be entitled to receive a repayment or retain the unclaimed money repaid.
6. Declare that the agent identified in Part B is authorised to act on my/our behalf.

This declaration is true and I/we know it is an offence to make a declaration knowing it is false in a material particular.

In addition to the above items, I/we:

1. Authorise and direct the Territory Revenue Office to pay the unclaimed money amount as indicated in Part E.
2. Authorise the Territory Revenue Office to contact any persons that are required to assist in the proof of my/our identity and entitlement to the unclaimed moneys.

Owner 1 signature

Owner 2 signature

Declared at the day of , 20 .
(place) (day) (month) (year)

Witness signature*

Witness name

Witness address or

Witness telephone

*NOTE: The declaration may be witnessed by any person who has attained the age of 18 years.

WARNING: Section 119 of the Criminal Code makes it a crime punishable by a penalty of up to three (3) years imprisonment for any person who makes a declaration provided for in the *Oaths, Affidavits and Declarations Act* that is to his or her knowledge false in any material particular.