

Consolidate your Super



Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

3. Your current Super SA product

Tick which Super SA product you belong to. This is where your super will go:

- | | |
|--|--|
| <input type="checkbox"/> Triple S ³ – ABN 40 651 037 780 / USI 40651037780001 | <input type="checkbox"/> SA Ambulance Service ³ – ABN 81 557 964 989 / USI 81557964989001 |
| <input type="checkbox"/> Lump Sum ³ – ABN 27 987 187 927 / USI 27987187927002 | <input type="checkbox"/> PSS ³ – ABN 57 597 791 972 |
| <input type="checkbox"/> Pension ³ – ABN 27 987 187 927 / USI 27987187927001 | <input type="checkbox"/> Super SA Select ³ – ABN 98 513 958 004 / USI 98513958004001 |
| <input type="checkbox"/> Flexible Rollover Product – ABN 11 635 839 852 / USI 11635839852001 | |

Note: If you wish to leave a specific \$ balance in your other fund then you must arrange this with them. It cannot be coordinated by Super SA.

! ³Any amount rolled into these products cannot be transferred out to another superannuation fund until you cease State Government employment. The rolled in amount will be subject to Commonwealth Preservation Rules.

4. Authorisation

By signing this request form I am making the following statements:

- I acknowledge that Super SA may verify my details with the ATO (Australian Taxation Office) in order to process this request.
- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my super provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I discharge the super provider of my from fund of all further liability in respect of the benefits paid and transferred to Super SA.
- I accept that my roll in will go into the same investment option that my current Super SA contributions are invested in.
- I request and consent to the transfer of my super as described on page 1 and authorise the super provider of each fund to give effect to this transfer.
- I understand that the amount transferred to Super SA is subject to Commonwealth preservation rules and that the products denoted by the footnote in Section 3 of this form cannot be rolled out of the Super SA product to another superannuation fund until I cease State Government employment.

Full Name

Signature

Date

This form requires your physical signature. Digital signatures are not accepted. Please print, sign and return the form to us.

All you need to do now is provide us with your signed Consolidate your Super form by:



EMAIL supersa@sa.gov.au, or



POST to GPO Box 48, Adelaide SA 5001

We'll advise you when the transfer is complete.

Contact us



EMAIL supersa@sa.gov.au, or



WEBSITE supersa.sa.gov.au



PHONE 1300 369 315



POST GPO Box 48, Adelaide SA 5001



MEMBER CENTRE (by appointment only) 151 Pirie St Adelaide SA 5000