### **Application to purchase**

To find out more visit supersa.sa.gov.au or call (08) 8214 7800





#### Super SA Income Stream

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return original signed form to Super SA.

Please note that you are required to consolidate your funds **BEFORE** commencing a Super SA Income Stream. Once opened, additional amounts cannot be added to the account. You may commence a second account, with a minimum amount of \$10,000.

ent ID:	111000000000000000000000000000000000000				
	IMPORTANT: You are required	to provide proof o	f identity document	ts with this ap	plication.
	Please see the Pr	oof of Identity sec	tion at <b>supersa.sa.</b>	gov.au for mo	re information.
1. Personal details					
Title			Date of		/ Y Y Y
Given Name(s)				7 101 101	1 1 1 1
Family Name					
					Male Femal
Email address					
Mobile phone	Work phone		Home phon	e	
Street address					
Suburb				State	Postcode
Postal address (if different from above)					
Suburb				State	Postcode
When establishing a Spouse Account, p	lassa provida spousa datails	in Section 1 above	and Super SA mam	abor dotails b	olow
Name of partner (Super SA member)	itease provide spouse detaits	III Section 1 above	and Super SAmen	ibei detaits b	etow.
Super SA member's Account ID	Date of birth				
If the Super SA manhar augment like a sa Su	upor SA account places are	od to Ougstion 2			
If the Super SA member currently has a St OR					
If the Super SA member has been paid ou  Date entitlement received:	t their entitlement, please write	e the date the paym	nent was received be	Plow:	
Date entitlement received.					

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OFFICIAL: SENSITIVE (when completed)

Providing your TFN will ensure that your entitlement is taxed concessionally. However, if you choose not to provide your TFN, part of your

entitlement will be taxed at the highest marginal rate (currently 47%). Declining to provide your TFN is not an offence.

Tax File Number

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•				•		•		
3. Directin	• •			the event o	of your death	ı.		
You have two options for directing where your income stream is paid in the event of your death.  Option 1 – Reversionary Beneficiary: Nominate your spouse/putative spouse as your reversionary beneficiary to receive your income stream payment in the event of your death. If you want to do this, you must do so now. You cannot do so at a later date.								
Please provide details of your nominated reversionary beneficiary.  Surname								
Given name(s)								
Postal Address								
Culaumh						Chaha	Destrode	
Suburb						State	Postcode	
Date of birth	1	v						
Relationship to you	/ 1 1 1	M	Tale Female					
netations.iip to you								
to your Will, you can	Option 2 – Legal Personal Representative (Estate): If you would prefer your death benefit to be paid to your Estate, and distributed according to your Will, you can nominate your Legal Personal Representative (Estate). To nominate download the Binding Death Nomination – Legal Personal Representative (Estate) form from <b>supersa.sa.gov.au</b> and return it to Super SA. You can do this now or later.							
4. Transfer								
Please indicate fron		ctor scheme		g your fund	ls:			
Triple S	Pension		Super SA Select					
Lump Sum	Flexible Rollover Pr	oduct	Other (please	specify):				
Lump Sum or Pensi	on Scheme			Triple S, Fl	exible Rollo	ver Product or Supe	er SA Select	
Please note that you form to transfer your				Please note that you will need to complete a Transfer your super form to transfer entitlements from your previous scheme.				
If your transfer is par				These forms are available at <b>supersa.sa.gov.au</b> or by calling Super SA.				
will need to complete your scheme's Application for Transition to Retirement form.  When you transfer from an untaxed scheme, such as Triple S, 15% contributions tax will be deducted from the Taxable (untaxed) component. Refer to the Tax information relevant to your previous scheme for further details.					axable (untaxed)			
5. Investm	ent option	S						
	vest your super betv	ween any num		vailable inve	stment optio	ns. Please indicate th	ne percentage you want	
High Growth	%		Moderate		%	Cash	%	
Socially Responsib	le %		Stable		%	TOTAL	= 100 %	

If you do not make a choice, your super will be invested 60% in Moderate and 40% in Stable options.

This section continues over page







## Super SA Income Stream

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return original signed form to Super SA.

				which you wish to draw do se order of the investment (	
Default order	Investment Option	Nominated Order	Default order	Investment Option	Nominated Order
1	Cash		5	Balanced	
2	Capital Defensive		6	Socially Responsible	
3	Stable		7	High Growth	
4	Moderate				

6. Income Payment Details Frequency of payment Please select your payment frequency (tick one)	If you do not nominate a payment frequency your income stream will be paid monthly.  Fortnightly income stream payments will be made on alternate Thursdays. All other payments will be made				
Fortnightly Monthly Quarterly  Half-yearly Annually  For quarterly, half-yearly and annual payments, please specify the month you want to receive your first payment.  Month Year Y Y Y Y	on the 15th day of the month.  If you choose to receive your payment quarterly, half-yearly or annually and you do not specify which month you want to receive your first payment, the following default commencement dates for your payments will apply:  - Quarterly payments are made on the 15th of September, December, March and June each year				
(If your income stream commences in June you do not need to commence your income stream payments until the next financial year.)  Income stream amount  To calculate your income stream amount please refer to the	<ul> <li>Half-yearly payments are made on the 15<sup>th</sup> of December and June each year</li> <li>Annual payments are made on the 15<sup>th</sup> of June each year.</li> </ul>				
About the Super SA Income Stream section of this PDS.  This Income Stream is being purchased as a transition to retirement income stream (please tick if applicable).					
Please select your preferred income stream amount (tick one):  Minimum income amount					
Full 10% maximum¹ income amount for this financial year (for transition to retirer					
Specific amount between the minimum and maximum of  Please note: If you do not nominate an amount you will be paid the minimum income	per payment (gross) amount as detailed in the PDS for the financial year.				

IS19

 $<sup>^{\</sup>rm 1}\,\text{Not}$  applicable if over age 65 and ceases once you turn age 65.







# Super SA Income Stream

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return original signed form to Super SA.

7. Payment Details Financial institution details					
Please nominate the account into which you want your income stream payments to be paid. Payments cannot be made to third party accounts, credit cards or overseas accounts. Account numbers should not be more than nine digits and must not contain any alphabetic characters. Please contact your financial institution if you need to confirm your banking details.					
Required - I have attached a copy of a	bank statement showi	ing my full name, BSI	B and account number	that is less than 12 months old.	
Name of financial institution					
Branch					
Account name (account holder name)					
BSB number (compulsory) Account	number				
8. Financial Adviser Au I authorise my financial adviser to enquire a I understand that this authorisation will be Financial adviser details	bout my Super SA Inco	ome Stream details.		hat time.	
Name					
Company name					
Street address					
Suburb					
				State Postcode	
				State Postcode	
Phone	Facsimile			State Postcode	

## **Application to purchase**





#### Super SA Income Stream

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return original signed form to Super SA.

	ipient Declaration					
I am age	e 60 or over and have permanently retired.					
I have co	eased an employment arrangement after the age of 60.					
l am und	I am under age 60 but have retired due to total and permanent disablement.					
l am age	ed 65 or over.					
I am age	e 60 to 64 but have not retired permanently from the workford	ce (transition to retirement).				
l am per	rmanently incapacitated (total and permanent disablement ber	nefit)				
	rting a death benefit income stream with the proceeds of a de ate of death.	ath benefit to which I'm entitled and I was the spouse of the deceased				
I hereby appl	ly to purchase a Super SA Income Stream and declare that:					
	and that the Super SA Income Stream Product Disclosure nt is a general quide and does not contain financial advice.	<ul> <li>I understand that the Super SA Income Stream Product Disclosure Statement represents the terms and conditions under which the</li> </ul>				
– I accept f in Section	full responsibility for the investment choice(s) I have selected in 5 of this form, and I am aware of the consequences of such an election.	Super SA Board offers this Super SA Income Stream. The terms and conditions are subject to any changes in Commonwealth Acts and Regulations.				
9	mation supplied on this form is true and correct.	<ul> <li>I have read the Super SA Income Stream Product Disclosure Statement and I fully understand its contents and accept the terms and conditions set out in it.</li> </ul>				
		- I have provided the required proof of identity documents.				
	Income Stream Applicant					
Signature	×	Date D D / M M / Y Y Y				

You are required to provide proof of identity documents with this application. Please see the Proof of Identity information sheet for more information.



**EMAIL** supersa@sa.gov.au



POST GPO Box 48, Adelaide SA 5001



WEBSITE supersa.sa.gov.au



**PHONE** (08) 8214 7800



**MEMBER CENTRE, Kaurna Country** Ground floor, 151 Pirie St Adelaide SA 5000 (Enter from Pulteney Street).