



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.

. Personal details			
itle		Date of birth	
iiven Name(s)		D D / M /	M / Y Y Y
amily Name			
9.11			Male Femal
mail address			
lobile phone	Work phone	Home phone	
treet address			
uburb		State	Postcode
ostal address (if different from above)			
uburb		State	Postcode
/hen establishing a Spouse Account, ame of partner (Super SA member)	please provide spouse details in Section	1 above and Super SA member details	below.
uper SA member's Account ID	Date of birth		
	D D / M M / Y Y		
	super SA account, please proceed to Quest	ion 2	
the Super SA member currently has a S ${\bf R}$			
R	ut their entitlement, please write the date t	he payment was received helow:	

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. Indicate your scheme for transfer			
TRIPLE S MEMBERS		Account ID	
Transfer \$			
Transfer the maximum available v	while maintaining the mini	num balance to keep my account open.	
Transfer my full benefit			
For partial transfers, the amount re SA Ambulance employees and activ		greater than \$6,500 (or greater than \$25,000 for C	Operational
	account for payment of your	ty and are closing your account, before submitting t urcharge liability please complete this section and a	
Retain \$ in	the Triple S scheme for pa	ment of my surcharge liability when it becomes	due.
Transfer the maximum available	while maintaining the mini	num balance (\$6,500) to keep my account open.	
SUPER SA INCOME STREAM	INVESTORS	Account ID	
Transfer \$			
Transfer my full benefit			
SUPER SA SELECT		Account ID	
Transfer \$			
Transfer the maximum available	while maintaining the mini	num balance to keep my account open.	
Transfer my full benefit			
	remaining in the fund mu ive Police Officers).	t be greater than \$6,500 (or greater than \$25,00	00 for Operation

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3. Indicate	your scheme	for transfer (co	ntinued)		
I WISH TO TRANSFER FROM A DIFFERENT ELIGIBLE PUBLIC SECTOR SCHEME NAMED BELOW:					
(Please attach rel	evant scheme information	on)			
Name of fund					
Please note that income stream can only accept transfers from eligible public sector schemes. If you wish to transfer funds currently held outside of an eligible public sector scheme, you must first transfer your funds to an eligible scheme. For external transfers via a Super SA Scheme, please complete and attach a "Consolidate your super" form to transfer entitlements from your non Super SA products. This form is available at supersa.sa.gov.au or by calling Super SA.					
4. Investment options You can choose to invest your super between any number of the below available investment options. Please indicate the percentage you want to invest in each investment option below using whole percentages:					
High Growth	%	Moderate	%	Cash	%
Socially Responsib	ole %	Stable	%	TOTAL	= 100 %
Balanced	%	Capital Defensive	%		
! If you do not	(!) If you do not make a choice, your super will be invested 60% in Moderate and 40% in Stable options.				
If you have chosen more than one investment option please indicate the order of options in which you wish to draw down for payment of your income. If you do not specify a choice then your withdrawal will automatically be taken in the order of the investment options specified in the table below.					
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				

For more information about your investment options and their performance, see the Investment Guide.

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5. Income Payment Details	
How often would you like your income paid to you? Please select your payment frequency (tick one)	For each payment selected, how much would you like to be paid?
Fortnightly Monthly	To assist with calculating your income stream amount please refer to the About the Super SA Income Stream section of this PDS.
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 (If your income stream account starts between 1 June and 30 June you can nominate above for your income stream payments to commence from a month in the next financial year.)	Please select your preferred income stream amount (tick one): Minimum income amount Full 10% maximum¹ income amount for this financial year (for transition to retirement only) Specific amount between the minimum and maximum of \$ per payment (gross) Please note: If you do not nominate an amount you will be paid the minimum income amount as detailed in the PDS for the financial year.
If you do not nominate a payment frequency your income stream will Fortnightly income stream payments will be made on alternate Thursd If you choose to receive your payment quarterly, half-yearly or annuall payment, the following default commencement dates for your paymer – Quarterly payments are made on the 15 th of September, December, M – Half-yearly payments are made on the 15 th of December and June each – Annual payments are made on the 15 th of June each year.	ays. All other payments will be made on the 15th day of the month. ly and you do not specify which month you want to receive your first nots will apply: arch and June each year
Where would you like your income to be paid? Financial institution details Please nominate the account into which you want your income stream p credit cards or overseas accounts. Account numbers should not be more Please contact your financial institution if you need to confirm your ban	e than nine digits and must not contain any alphabetic characters. king details.
Required – I have attached a copy of the most recent bank stateme	ent showing my full name, BSB and account number.
Ivalile of fillancial institution	
Branch	
Account name (account holder name)	
BSB number (compulsory) Account number	

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¹ Not applicable if over age 65 and ceases once you turn age 65.





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6. Directing your Death benefit 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			
Suburb State Postcode			
Date of birth			
D D / M M / Y Y Y Male Female			
Relationship to you			
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 supersa.sa.gov.au and return it to Super SA. You can do this now or later.			





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7.	Recipient Declaration					
Inco	ome stream eligibility - please tick only one box					
	irement	Transition to Retirement				
	I am age 60 or over and have permanently retired.	This Income Stream is being purchased as a transition to retirement income stream (please tick if applicable).				
	I am under age 60 but have retired due to total and permanent disablement. You will also need to provide a completed ATO Tax File Number declaration form.	I am age 60 to 64 but have not retired permanently from the workforce.				
	I am aged 65 or over.					
Oth	er					
	I have ceased an employment arrangement after the age of 60.					
	I am permanently incapacitated (total and permanent disablement	benefit)				
	I am starting a death benefit income stream with the proceeds of a death benefit to which I'm entitled and I was the spouse of the deceased at the date of death.					
I dec	lare that the information I have provided on this form is true and	correct and understand that:				
	Once my transfer has been made, I will not be able to change my instructions.	 Partial rollovers will be drawn proportionally from my tax free and taxable components. 				
	By closing (if applicable) my Triple S, Super SA Select or FRP account in full, all insurance held will cease.	 - Tax will be deducted from the taxable untaxed component, on transfers received in the Super SA Income Stream. 				
	Any partial payment will be withdrawn from my selected nvestment options:					
	 Triple S, Super SA Select and FRP - in proportion to the balance held in each investment 					
	Super SA Income Stream - as per my current investment draw down order.					
I her	eby apply to purchase a Super SA Income Stream and declare that	t:				
	understand that the Super SA Income Stream Product Disclosure Statement is a general guide and does not contain financial advice.	 I have read the Super SA Income Stream Product Disclosure Statement and I fully understand its contents and accept the terms 				
i	accept full responsibility for the investment choice(s) I have selecte n Section 4 of this form, and I am aware of the consequences of making such an election.	and conditions set out in it. - I have provided the required proof of identity documents.				
ć	understand that the Super SA Income Stream Product Disclosure Statement represents the terms and conditions under which the Super SA Board offers this Super SA Income Stream. The terms and conditions are subject to any changes in Commonwealth Acts and Regulations.					
	al Triple S employee declaration					
- I I	understand that if I am a casual employee who worked nine or monours per week, I am taken to remain in employment for a period of 12 months after the last time I performed work for the SA public sector.	 I understand that by signing this declaration I am terminating my membership with Triple S and any Total and Permanent Disablement and/or Death Insurance and Income Protection Insurance will be cancelled from the date of signing this declaration. 				
t	Where I close my account, I understand that by signing this declaration I am confirming that I have ceased employment with the SA public sector and this is a notice to the Board to cease the 12 month period from the date of signing this declaration.					



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

Contact us

Signature



(@) Email supersa@sa.gov.au



Post GPO Box 48, Adelaide SA 5001

Income Stream Applicant



Website supersa.sa.gov.au



Phone 1300 369 315



Date D D / M M / Y Y Y

Member Centre, Kaurna Country

Ground floor, 151 Pirie St Adelaide SA 5000 (Enter from Pulteney Street).