

## Please complete all the details on this form in BLOCK LETTERS and return the signed original and other document(s) to Super SA.

Important

1.	Personal	Details

Super ID		<ul> <li>Your entitlement includes a "Taxable (untaxed)" component. If you are rolling your entitlement into a complying taxed super fund, the "Taxable (untaxed)" amount under the lifetime limit will be taxed at 15%. Any</li> </ul>	
Mr Ms Miss Mrs [	Dr Prof	amount over this limit will be taxed at the top marginal tax rate plus Medicare Levy, regardless of age. For further information refer to	
Surname		Table 2 in the Lump Sum <i>Tax</i> fact sheet.	
Given name(s)		<ul> <li>— When considering withdrawing your entitlement we strongly suggest you seek financial advice.</li> </ul>	
Residential address		<ul> <li>If you wish to apply for the release of your entitlements on the grounds of disability, you must also complete the <i>Claim for Disablement</i></li> </ul>	
	Postcode	<i>Entitlements</i> form.	
		Chaptiet	
Postal address (if different from abov	'e)	Checklist	
		Before Super SA can process your payment you need to complete all sections on this form and provide all requested information.	
	Postcode	I have completed my personal details (section 1).	
Date of birth / /		I have supplied Super SA with my tax file number (TFN) (section 2).	
Email*		I have indicated my entitlement type (section 3).	
Telephone* (W)		<ul> <li>I have provided payment details if I am electing to roll over (section 4)</li> <li>(Please ignore this section if your are not rolling over into another</li> </ul>	
(H)		fund.)	
(M)		<ul> <li>I have attached my last Surcharge Assessment Notice (section 5) from the Australian Taxation Office. (Please ignore this section if you did not receive one.)</li> </ul>	
Name of agency		<ul> <li>I have provided the required proof of identity documents (section 7) if</li> </ul>	
Employee no		<ul> <li>I am applying for all or part of my entitlement to be paid directly to</li> <li>me. (Please see the <i>Proof of Identity</i> fact sheet for more information.)</li> </ul>	
Date ceased employment /	/	I have signed the Member Declaration (section 8).	
	<b>*</b>	I understand that my application cannot be processed until all contributions have been received from my pay office.	
Contact us		We will contact your agency to confirm your employment termination	
Address		details. In most cases, you will receive your payment within five working days of Super SA receiving all your information and employer	
Ground floor, 151 Pirie Street Adelaide SA 5000	* By providing your email address and/or telephone	contributions.	
(Enter from Pulteney Street)	number(s) you are agreeing to receive, from Super SA, or		
Postal	an organisation on behalf of	2. Tax File Number	
' Coll	communications including		
(08) 8207 2094 or 1300 369 315 (for	newsletters, announcements, invitations		
regional callers)	or surveys. You may opt out of these marketing	Providing your TFN will ensure that your entitlement is taxed concessionally. If you choose not to provide your TFN, part of your	

Email supersa@sa.gov.au

Website www.supersa.sa.gov.au

Form updated September 2019

communications, you will still receive any important account information from us. Sensitive: Personal (when completed) - I2 - A1

communications at any time

by contacting Super SA. If

you opt out of marketing

Declining to provide your TFN is not an offence.

entitlement will be taxed at the highest marginal rate plus Medicare levy.



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## 3. Type of Entitlement Applied For

### RETIREMENT

I am aged 55 or over and RETIRED from the SA public sector and:

I have/have not permanently retired from the workforce (Please delete whichever is not applicable).

Please tick at least one of the following options:

- I wish to have my entitlement paid directly to me. (Please ensure you comply with section 7.) Please note:
  - Entitlements taken in cash are subject to applicable tax rates which are determined by your Commonwealth Government preservation age.
  - In accordance with Commonwealth Government legislation if your entitlement includes a rollover from a complying super fund, any preserved component cannot be taken in cash until you have reached your preservation age and permanently retired from the workforce.

### Important

If you wish to nominate a new bank account for your benefit to be paid to, we require you to provide a bank statement (eg printed statement or online statement from a bank or credit union) for the account. These statements need to be current (ie less than 12 months old) and must show your BSB, account number and your full name on the account.

Please note payments cannot be made to third party accounts, credit cards or overseas accounts. Super SA does not accept responsibility for rejection of transfer due to incorrect account details being provided by you.

### Electronic transfer of funds

Complete this section if you wish to have all or part of your entitlement paid directly to you via electronic funds transfer.

### Complete the following:

Name of financial institution

Branch						
Acco	Account name (account holder name)					
	B number (compulsory)					
	I wish to roll over my entitlement into the Super SA Flexible Rollover Product (min \$1,500). Please also complete an <i>Application to Purchase</i> form available in the Flexible Rollover Product PDS.					
	I wish to roll over my entitlement into the Super SA Income Stream (min \$30,000). Please note: to purchase an Income Stream you must also have reached your Commonwealth Government preservation age, which ranges from 55-60 depending on the year you were born. Please also complete an <i>Application to Purchase</i> form available in the Super SA Income Stream PDS.					
	<ul> <li>I wish to roll over my entitlement into another complying super fund. (Please ensure you complete section 4.)</li> <li>Please note: to purchase an Income Stream you must also have reached your Commonwealth Government preservation age, which ranges from 55-60 depending on the year you were born.</li> </ul>					
	I wish to roll over part of my entitlement into another complying super fund and receive the remaining balance by cheque (net of tax). Please ensure you comply with section 7 and complete section 4.					
	I have a surcharge liability or a Division 293 liability and wish to withhold part of my entitlement to pay my final liability when it becomes due. (Please ensure you complete section 5 or 6, as applicable.)					



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#### RESIGNATION

I am under age 55 and I have RESIGNED from the SA public sector and:

- I wish to preserve my entitlement in the Lump Sum Scheme.
- I wish to roll over my entitlement into the Super SA Flexible Rollover Product (min \$1,500). (Please also complete an *Application to Purchase* form available in the Flexible Rollover Product PDS.)
- I wish to roll over my entitlement into another complying super fund. (Please ensure you complete section 4.)
- Co-contribution Accounts and/or preserved component

In accordance with Commonwealth Government legislation, if your entitlement includes a co-contribution amount or a rollover from a complying super fund with a preserved component, the co-contribution amount and any other preserved components cannot be taken in cash until you have reached your Commonwealth Government preservation age and permanently retired from the workforce. If you have a Co-contribution Account or if your Rollover Account includes a preserved component and you have not permanently retired from the workforce this amount must be rolled over to a complying super fund. Please complete section 4 on the next page.

- I wish to receive my unpreserved accounts and roll over my reduced employer benefit and any other preserved accounts to another complying super fund. (Please ensure you complete section 4 and comply with section 7.) For your entitlement to be paid under this
  - circumstance, your application must be received within 3 months of your resignation.
- I wish to receive my unpreserved accounts and keep my reduced employer benefit and any other preserved accounts with Super SA. (Please ensure you comply with section 7.) For your entitlement to be paid under this circumstance, your
- application must be received within 3 months of your resignation.

  I have a surcharge liability or a Division 293 liability and wish to withhold part of my entitlement to
- pay my final liability when it becomes due. (Please ensure you complete section 5 and/or 6, as applicable.)

## DISABILITY

### I wish to apply for my entitlement on the grounds of a DISABILITY:

Either you or your employer must have obtained approval from the Super SA Board BEFORE your employment is terminated.

- You must also complete a *Claim for Disablement Entitlements* form.
- You are responsible for any doctor's fees charged for the completion of the medical report section of the *Claim for Disablement Entitlements* form.
- If you are intending to roll over your entitlement please complete section 4.
- If you are applying for all or part of your entitlement to be paid directly to you please provide the required proof of identity documents.
- With the prior approval of the Super SA Board I have terminated, or intend to terminate, my employment due to my disability.
- I previously resigned from my employment and now wish to claim my preserved entitlement due to TOTAL and PERMANENT incapacity for work.
- I wish to roll over my entitlement into the Super SA Flexible Rollover Product (minimum amount \$1,500). Please also complete an *Application to Purchase* form available in the Flexible Rollover Product PDS.
- I wish to roll over my entitlement into the Super SA Income Stream (minimum amount \$30,000). Please also complete an *Application to Purchase* form available in the Income Stream PDS.
- I have a surcharge liability or a Division 293 liability and wish to withhold part of my entitlement to pay my final liability when it becomes due. Please complete section 5 and/or 6, as applicable.
- I have Death and Total and Permanent Disablement Insurance through Triple S.
  Please note: You will need to make a separate claim for your Triple S Total and Permanent
  Disablement Insurance. Download the Triple S Claim for Disablement Entitlements form from the
  Super SA website, www.supersa.sa.gov.au.



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#### Request to Roll Over an Entitlement into Another Complying Super Fund 4.

Please complete this section if you want to roll over any part of your entitlement into another complying super fund. All rollover payments will be forwarded direct to the fund you nominate below.

Name of rollover fund

New policy/member number

Rollover fund ABN

Rollover fund USI

If your fund has no USI then please provide the following information:

Cheques to be made payable to

Postal address of rollover fund

Postcode

### **Rollover payment details**

If you wish to roll over a portion of your entitlement and receive a cheque from Super SA for the remaining portion, please enter the details below and complete section 7.

Amount to be rolled over \$ \_ Amount to be retained in cash (gross) \$ \_

If you wish to roll over your entitlement to more than one fund, please attach the relevant documentation to this application. Note: If we are unable to verify that the rollover super fund is a complying fund, we will require you to provide a letter of compliance from the fund.

#### Request to Withhold an Amount for Surcharge Purposes 5.

### You only need to complete this section if you received a Surcharge Assessment Notice from the Australian Taxation Office (ATO).

Please attach a copy of your Surcharge Assessment Notice for confirmation of your liability.

I estimate my final surcharge liability to be \$	Please retain this amount in the scheme for
payment of my final surcharge liability when it becomes due.	

For more information on how to estimate your surcharge liability please refer to the ATO website www.ato.gov.au.

Note: If you do not contact us to pay to you the liability within two years of leaving the SA public sector, Super SA may pay the withheld amount directly to you, or if the amount is subject to preservation, to your nominated rollover fund.

#### Request to Withhold an Amount for Division 293 Purposes 6.

You only need to complete this section if you received a Division 293 Notice from the Australian Taxation Office. Please attach a copy of your Division 293 Notice of Assessment for confirmation of your liability.

l estimate my final Division 293 liability to be \$	$_{-}$ . Please retain this amount in the scheme for
payment of my Division 293 liability when it becomes due.	

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For more information on how to estimate your Division 293 liability please refer to the ATO website www.ato.gov.au. Note: If you do not contact us to pay to you the liability within two years of leaving the SA public sector, Super SA may pay the

All SMSF (Self Managed Super Fund) payments will be sent c/- the Fund details, as registered with the Taxation Office. Please ensure that this information is up to date.



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# 7. Proof of Identity

If you are applying for all or part of your entitlement to be paid directly to you, you must provide us with certified Proof of Identity together with your application.

Super SA must be able to verify your name and either your date of birth or residential address from:

- an original document
- a certified copy
- a certified extract from an original copy

Documents may be either:

- a primary photographic identification document (such as a current driver's licence or Australian passport), or
- both a primary non-photographic identification document (such as a birth certificate or citizenship certificate) and a secondary identification document (such as a Tax notice assessment or council rates).

Documents can be certified by authorised persons such as a Justice of the Peace or a police officer. If you would like to provide original documents please bring them to the Super SA Member Centre. We will sight the documents and take a photocopy for our records and return the originals to you immediately.

If you are overseas, you need to have your documents certified by an Australian consular officer, an Australian diplomatic officer or you should contact Super SA for alternative arrangements.

For more information see the *Proof of Identity* fact sheet, available on the Super SA website.

# 8. Member Declaration

I acknowledge that Super SA may verify my details with the Australian Taxation Office (ATO) in order to process this request.

I declare that the information I have provided on this form is true and correct and understand that:

- Once my payment has been made I will not be able to change my instructions.
- The unit price used to calculate my payment is the unit price at, or immediately prior to, the date of processing the payment.

### Signature

Date