

APPLICATION FOR TRANSITION TO RETIREMENT



SUPER SA
contributing to your future

Please complete all the details on this form and return the signed original to Super SA with a copy of the Transition to Retirement (Superannuation) Agreement approved by your agency.

3. Transition to Retirement Eligibility

TTR benefits cannot be paid unless you meet the following conditions (please confirm):

- I have reached my Commonwealth Government preservation age
- I have a maximum drawdown Benefit of over \$30,000 (See *Transition to Retirement* Fact Sheet)
- I have entered into a Transition to Retirement Agreement with my agency and I have attached a copy of the approved agreement to this form
- I am continuing to work
- I will be rolling over to a non-commutable income stream product.

4. Payment Details

I wish to receive the following TTR benefit from my Lump Sum Scheme account :

- The maximum drawdown benefit that I am entitled to under TTR arrangements (this is based on the percentage reduction to my salary as a result of the Transition to Retirement Arrangement)
- \$ _____ Please note: The amount requested must be greater than \$30,000 and cannot exceed the maximum drawdown benefit. Contact Super SA if you are not sure what your maximum drawdown benefit is.

TTR payments must be forwarded directly to the complying non-commutable income stream fund nominated below.

- Super SA Income Stream (Please also complete an *Application to Purchase* form available in the Super SA Income Stream PDS.)
- The non-commutable income stream fund named below:

Name of fund _____

Fund ABN _____

New policy/member number _____

Cheques to be made payable to _____

Postal address of the fund _____

Postcode _____

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 non-commutable income stream fund, we will require you to provide a letter of compliance from the fund.



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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5. Member Declaration

I certify that the details above are true and correct.

I understand that once my payment has been made I will not be able to change my instructions.

I understand that by receiving a TTR benefit the benefit remaining in the Lump Sum Scheme will be reduced accordingly.

✘ Signature

Date

6. Salary Certificate (to be completed by your payroll section)

Member name

Occupation

Name of Agency

Pre TTR details

Position immediately prior to the TTR agreement

Classification

Fortnightly full time salary \$

Effective from

Current fraction of time (show 100% if full time)

Post TTR details

Date TTR agreement effective

Position post TTR agreement

Classification

Fortnightly full time salary \$

Fraction of time (show 100% if full time)

Was the contributor in receipt of higher duties allowance in an acting position prior to or following the TTR agreement?

No Yes, please provide details:

7. Certification (by authorised officer)

I certify that the member named within this application has entered into a TTR agreement and that the information contained within this Salary Certificate is correct.

✘ **Signature of authorised officer**

Name of authorised officer (please print)

Date

Contact telephone number