

Form > SA Ambulance Service Superannuation Scheme APPLICATION FOR PAYMENT OF RESIGNATION/RETIREMENT BENEFIT

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**SUPER SA**
contributing to your future

Please complete all the details on this form and return the signed original to Super SA.

1. Personal Details

Super ID Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone* (W)

(H)

(M)

Employee no

You are required to complete this form if you are applying for a benefit in the case of your:

- Retirement, after reaching your Commonwealth Government preservation age
- Retirement, due to serious ill health under age 60
- Retirement, due to total and permanent disablement under age 60
- Resignation

Checklist

Please remember that before Super SA is able to process your application you need to complete all sections on this form. If you do not provide the requested information there will be a delay in processing your benefit payment.

- I have completed my personal details (section 1).
- I have supplied Super SA with my tax file number (TFN) (section 2).
- I have indicated my entitlement type (section 3).
- I have provided payment details if I am electing to roll over (section 4). Please ignore this section if you are not rolling over to another fund.
- I have provided the required proof of identity documents if I am applying for all or part of my entitlement to be paid directly to me. (Please see the *Proof of Identity* fact sheet for more information.)
- I have provided my bank details in section 6 if I am asking for the payment or partial payment to be made to me.
- I have signed the Member Declaration (section 7).

Please contact Super SA on 1300 369 315 if you require any help in completing this form.

Special note

Your benefit payment cannot be processed until all contributions have been received from your payroll office.

2. Tax file number (TFN)

Providing Super SA with your TFN is not compulsory, however it will have the following benefits:

- Super SA will be able to accept all types of contributions to your account(s).
- Additional contributions tax will not apply.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your super entitlement.
- It will make it much easier to trace different accounts in your name so that you receive all your super when you retire.
- Super SA will be able to accept payment of your Government co-contribution to your account.

Contact us

Address

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

Postal

GPO Box 48, Adelaide, SA 5001

Call

(08) 8207 2094 or 1300 369 315 (for regional callers)

Email

supersa@sa.gov.au

Website

www.supersa.sa.gov.au

*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

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Your TFN will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The Board may disclose your TFN to another super fund when your entitlements are being transferred, unless you request the Board in writing that your TFN may not be disclosed to any other trustee.

My tax file number is:

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.

Declining to provide your TFN is not an offence.

3. Type of entitlement applied for

Retirement

- I advise that I have reached my Commonwealth Government preservation age and that I have RETIRED from the SA Ambulance Service and:
- I have/have not* permanently retired from the workforce. (*Please strike out whichever is not applicable.)
 - I wish to have my benefit paid directly to me. (Please provide the required proof of identity documents.)
 - I wish to roll over my benefit 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 benefit into the Super SA Income Stream (minimum amount \$30,000)[#].
Please note: to purchase the Super SA 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 *Application to Purchase* form available in the *Super SA Income Stream PDS*.)
 - I wish to roll over my benefit into another complying super fund. (Please complete section 4.)
 - I wish to roll over part of my benefit into another complying super fund and receive the remaining balance (net of tax). (Please provide the required proof of identity documents, include your bank details in section 6 and complete sections 4 and 5.)

Resignation

I advise that I am under my Commonwealth Government preservation age and that I have RESIGNED (including early retirement) from the SA Ambulance Service and:

- I wish to preserve my entitlement in the Scheme.
- I wish to roll over my benefit 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 benefit into another complying super fund. (Please complete section 4)
- I wish to receive my Non Preserved benefits (if any) and roll over my Preserved benefits. (Please provide the required proof of identity documents and complete section 4)

[#] For more information please refer to the Super SA Flexible Rollover Product PDS or the Super SA Income Stream PDS, available on the Super SA website, www.supersa.sa.gov.au and from Super SA.

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Please complete all the details on this form and return the signed original to Super SA.

Serious ill health

I wish to apply for my entitlement on the grounds of serious ill health.

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.

With the prior approval of the Super SA Board I have terminated, or intend to terminate, my employment due to my serious ill health:

- I wish to receive my non preserved benefits (if any) and roll over my preserved benefits.
- I wish to roll over my benefit 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 benefit into the Super SA Income Stream (minimum amount \$30,000)#. (Please also complete an *Application to Purchase* form available in the *Income Stream PDS*)
Please note: to purchase the Super SA Income Stream you must also have reached your Commonwealth Government preservation age, which ranges from 55-60 depending on the year you were born.
- I wish to roll over my benefit into another complying super fund. (Please complete section 4)

Total and permanent disablement

I wish to apply for my entitlement on the grounds of total and permanent disablement.

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.

With the prior approval of the Super SA Board I have terminated, or intend to terminate, my employment due to my disability:

- I wish to have my benefit paid directly to me. (Please provide the required proof of identity documents.)
- I wish to roll over my benefit 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 benefit 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 wish to roll over my benefit into another complying super fund. (Please complete section 4)
- I wish to roll over part of my benefit into another complying super fund and receive the remaining balance (net of tax). (Please provide the required proof of identity documents and complete sections 4 and 5.)

For more information please refer to the Super SA Flexible Rollover Product PDS or the Super SA Income Stream PDS, available on the Super SA website, www.supersa.sa.gov.au and from Super SA.

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Please complete all the details on this form and return the signed original to Super SA.

4. Request to roll over a benefit to another complying super fund

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

If you wish to roll over your benefit to more than one fund, please attach the relevant documentation to this application.

Name of rollover fund

Rollover fund ABN

New policy/member number

Cheques to be made payable to

Postal address of rollover fund

Postcode

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.

5. Rollover Payment Details

Amount to be rolled over \$

Amount to be retained in cash (gross) \$

Please provide the required proof of identity documents.

Important

If you wish to nominate a 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.

6. Bank Details

If your payment, or part of your payment, will be made directly to you, please provide your bank details below.

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

Account name (account holder name)

BSB number (compulsory) -

Account number - -

When completing your account details on the left, please use numbers only. Characters and symbols will not be recognised. For more information, contact your financial institution.

7. Member Declaration

I certify that the details supplied on this form are true and correct. I understand that once my payment has been made I will not be able to change my instructions.

Signature

Date