

Open a Super SA Income Stream Account



Super SA



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.

 To find out more visit supersa.sa.gov.au or call 1300 369 315

Client ID:



IMPORTANT:

You are required to provide proof of identity documents with this request. Please see the Proof of Identity section at supersa.sa.gov.au for more information.

1. Personal details

Title

Date of birth

Given Name(s)

Family Name

☐ Male

☐ Female

Email address

Mobile phone

Work phone

Home phone

Street address

Suburb

State

Postcode

Postal address (if different from above)

Suburb

State

Postcode

When establishing a Spouse Account, please provide spouse details in Section 1 above and Super SA member details below.

Name of partner (Super SA member)

Super SA member's Account ID

Date of birth

If the Super SA member currently has a Super SA account, please proceed to Question 2

OR

If the Super SA member has been paid out their entitlement, please write the date the payment was received below:

Date entitlement received:

2. Tax File Number

Tax File Number

☐ Please tick if Super SA already has your TFN recorded.

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.

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3. Indicate your scheme for transfer

(One option only)

☐

TRIPLE S MEMBERS

Account ID

☐

Transfer

\$

☐

Transfer the maximum available while maintaining the minimum balance to keep my account open.

☐

Transfer my full benefit



For partial transfers, the amount remaining in the fund must be greater than \$6,500 (or greater than \$25,000 for Operational SA Ambulance employees and active Police Officers).



Important Note: Please call Super SA if you have Surcharge liability and are closing your account, before submitting this application. To retain funds within your Triple S account for payment of your surcharge liability please complete this section and attach a copy of the relevant notice of assessment from the ATO to this form.

☐

Retain

\$

in the Triple S scheme for payment of my surcharge liability when it becomes due.

☐

FLEXIBLE ROLLOVER PRODUCT (FRP) INVESTORS

Account ID

☐

Transfer

\$

☐

Transfer the maximum available while maintaining the minimum balance (\$6,500) to keep my account open.

☐

Transfer my full benefit

☐

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 minimum balance to keep my account open.

☐

Transfer my full benefit



For partial transfers, the amount remaining in the fund must be greater than \$6,500 (or greater than \$25,000 for Operational SA Ambulance employees and active Police Officers).

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3. Indicate your scheme for transfer (continued)

☐ I WISH TO TRANSFER FROM A DIFFERENT ELIGIBLE PUBLIC SECTOR SCHEME NAMED BELOW:
(Please attach relevant scheme information)
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 Responsible	%	Stable	%	TOTAL	= 100 %
Balanced	%	Capital Defensive	%		

! 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)

☐ 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

(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.)

For each payment selected, how much would you like to be paid?

To assist with calculating your income stream amount please refer to the **About the Super SA Income Stream** section of this PDS.

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 be paid monthly.

Fortnightly income stream payments will be made on alternate Thursdays. All other payments will be made 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
- Half-yearly payments are made on the 15th of December and June each year
- Annual payments are made on the 15th of 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 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 the most recent bank statement showing my full name, BSB and account number.

Name of financial institution

Branch

Account name (account holder name)

BSB number (compulsory)

Account number

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

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

Income stream eligibility - please tick only one box

Retirement

- ☐ I am age 60 or over and have permanently retired.
- ☐ 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 aged 65 or over.

Other

- ☐ 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.

Transition to Retirement

- ☐ This Income Stream is being purchased as a transition to retirement income stream (please tick if applicable).
I am age 60 to 64, but have not retired permanently from the workforce.

I declare 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.
- By closing (if applicable) my Triple S, Super SA Select or FRP account in full, all insurance held will cease.
- Any partial payment will be withdrawn from my selected investment 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.
- Partial rollovers will be drawn proportionally from my tax free and taxable components.
- Tax will be deducted from the taxable untaxed component, on transfers received in the Super SA Income Stream.

I hereby apply to purchase a Super SA Income Stream and declare that:

- I understand that the Super SA Income Stream Product Disclosure Statement is a general guide and does not contain financial advice.
- I accept full responsibility for the investment choice(s) I have selected in Section 4 of this form, and I am aware of the consequences of making such an election.
- I 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.
- 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.
- I have provided the required proof of identity documents.

Casual Triple S employee declaration

- I understand that if I am a casual employee who worked nine or more hours 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.
- 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.

Income Stream Applicant

Signature



Date

/ /

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

Contact us

Email supersa@sa.gov.au

Website supersa.sa.gov.au

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

Post GPO Box 48, Adelaide SA 5001

Phone 1300 369 315