

Form > Super SA > Flexible Rollover Product WITHDRAWAL

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**SUPER SA**
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

1. Personal Details

Account 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* (M)

(W)

(H)

*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, announcement, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

Contact Us

In person:

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

Checklist

Please remember that before Super SA is able to process your entitlement 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 entitlement.

- 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 my payment details if electing to roll over (section 4).

(Please ignore this section if you are not rolling over to another fund or rolling into the Super SA Income Stream.)

- I have provided my cash payment details (section 5) and:
 - Super SA already has my proof of identity documents.

OR

- I have provided the required proof of identity documents with this form.
(Refer to the *Proof of Identity* fact sheet for further details.)

(Please ignore this section if you are not requesting a cash payment.)

- I have completed the Retirement Declaration if I am electing to cash any preserved entitlements (section 6).

(Please ignore this section if you are not cashing any preserved entitlements.)

- I have signed the Member Declaration (section 7).

Before leaving the Super SA Flexible Rollover Product we strongly suggest you seek financial advice.

2. Tax File Number

Tax file number

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 (plus Medicare levy). Declining to provide your TFN is not an offence.



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Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

3. Payment Information

Full payment

I would like to withdraw the total balance of my account.

(Please provide the required proof of identity documents.)

Part payment

The minimum withdrawal amount is \$1,000¹.

If your account balance is less than \$6,500 you can make one withdrawal each financial year (you also have the ability to subsequently request a full payment and close your account).

The amount remaining in the Flexible Rollover Product must be at least \$1,500.

If your account balance is \$6,500 or more, there is no limit on the number of withdrawals you can make, however if you want your account to remain open the amount remaining in the Flexible Rollover Product must be at least \$6,500.

I would like to withdraw the amount of \$ _____.

If you are under age 60, there may be some tax payable on your withdrawal (see the *Tax* fact sheet).
If tax is payable, please specify whether you would like the above payment:

After tax (Any applicable tax will be deducted from your account in addition to the amount requested.)

OR

Before tax (Any applicable tax will be deducted from the specified amount before you receive your payment.)

If you have more than one investment option please indicate which option(s) you wish to make your withdrawal from in the table below. If you do not select the investment option(s) that you would like your payment withdrawn from, it will be drawn proportionally from the amounts held in each investment option. You **must** ensure that there are sufficient funds in the investment option you have chosen to withdraw from.

Option	%
Cash	
Capital Defensive	
Conservative	
Moderate	
Balanced	
Growth	
Socially Responsible	
High Growth	
Total	= 100%

¹ Your payment will be drawn proportionally from your tax free and taxable components.

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Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to **Super SA**.



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.

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.

4. Request to roll over an entitlement into another complying super fund

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 institution you nominate below:

I would like to roll over to the Super SA Income Stream including Transition to Retirement (TTR) accounts.

OR

I would like to transfer my entitlement into an external fund – please fill in the following:

Name of rollover fund _____

New policy/member number _____

New rollover fund ABN number _____

New Rollover Fund Unique Superannuation Identifier (USI) _____

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



Identification documents must be valid and not have expired. The only exception to this is a passport issued by a Commonwealth country, providing it expired less than two years ago.

Note: if Super SA holds a member's current proof of identity documents then they can be used to verify a withdrawal application..

5. Request for cash payment

If you wish to cash any preserved entitlements, please complete the Retirement Declaration (section 6). (Please provide the required proof of identity documents.)

I wish to have the total of the withdrawal amount paid to me (amount stated in section 3) via electronic funds transfer.

I wish to receive a cash payment of \$ _____ via electronic funds transfer and roll over the remainder of the withdrawal amount to the fund detailed in section 4 (if applicable).



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 _____

Account name (account holder name) _____

BSB number (compulsory) -

Account number - -

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



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6. Retirement Declaration

I advise that (please tick all that apply to you):

- I have reached Commonwealth Government preservation age and I have permanently retired from the workforce.
- I have ceased an employment arrangement after the age of 60.
- I am aged 65 or over.
- I am under the age of 55 and have ceased employment on the grounds of invalidity.
- I am under Commonwealth Government preservation age and have ceased employment on the grounds of invalidity.
- I wish to access my unrestricted non-preserved entitlement.

7. 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 my withdrawal will be processed using the unit price that applies at, or immediately prior to, the date of payment (ie not the date of my request nor the date Super SA receives my request).

Signature: **X**

Date: / /