



You get the ball rolling and we'll help sort your super

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

Account ID

ONLY complete this form if you have super contributions in one or more other Australian super funds and you would like to roll them into Super SA. **Do not use this form for Self Managed Super Fund transfers.**

Here's how!

- 1 Complete your personal details
- 2 Provide the details of your other super fund
- 3 Provide the details of your Super SA product
- 4 Complete the checklist
- 5 Sign the authorisation.

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN**.

1. Personal details

Title Mr Mrs Miss Ms Other

Family name

Given names

Other/previous names

Date of birth / /

Contact phone number

Tax File Number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

Residential address

Address

Suburb

State Postcode

Previous address

If you know that the address held by your FROM fund is different to your current residential address, please give details below.

Address

Suburb

State Postcode

2. Your previous fund details

From: Give us the fund's details and we'll contact them for you:

Fund name

Fund phone number

Membership number

ABN

Unique Super Identifier (USI) **X compulsory field**

The USI should be listed on your fund's website. If not, contact your fund for details. Your form may not be processed if you do not include the USI.

If your fund has no USI please provide its Superannuation Product Identification Number (SPIN)

Please tick which applies:

This is a full rollover (I want to roll over the entire amount in the account).

This is a partial rollover. Please specify dollar amount. \$
(This cannot be a percentage.)

Note: If you wish to leave a specific \$ balance in your other fund then you must arrange this with them. It cannot be coordinated by Super SA.

3. Your current Super SA product

To: Super SA, GPO Box 48, Adelaide SA 5001

Tick which Super SA product you belong to. This is where your super will go:

- | | |
|--|---|
| <input type="checkbox"/> Triple S* | ABN 40 651 037 780 / USI 40651037780001 |
| <input type="checkbox"/> Lump Sum* | ABN 27 987 187 927 / USI 27987187927002 |
| <input type="checkbox"/> Pension* | ABN 27 987 187 927 / USI 27987187927001 |
| <input type="checkbox"/> Flexible Rollover Product | ABN 11 635 839 852 / USI 11635839852001 |
| <input type="checkbox"/> SA Ambulance Service* | ABN 81 557 964 989/USI 81557964989001 |
| <input type="checkbox"/> PSS3* | ABN 57 597 791 972 |
| <input type="checkbox"/> Super SA Select* | ABN 98 513 958 004/ USI 98513958004001 |

Note: Super SA does not have a Superannuation Product Identification Number (SPIN)

*** Any amount rolled into these products cannot be transferred out to another superannuation fund until you cease State Government employment. The rolled in amount will be subject to Commonwealth Preservation Rules.**





4. Checklist – have you:

- Completed a separate form for **EACH** fund you want to roll in from? (eg. 3 funds = 3 completed forms). Please ensure you have completed each page of each copy.
- Completed all sections of this form, including **Section 2. Your previous fund details?** If you do not have super in another fund that you want to roll in do **NOT** complete this form.
- Signed and dated this form? (**Section 5. Authorisation**)

All you need to do now is provide us with your original signed Easy Roll In form by:



POST to GPO Box 48, Adelaide SA 5001, or



DROP into the Member Centre, Ground Floor,
151 Pirie St, Adelaide

We'll contact you when the transfer is complete.

5. Authorisation

By signing this request form I am making the following statements:

- I acknowledge that Super SA may verify my details with the ATO (Australian Tax Office) in order to process this request.
- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my super provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I discharge the super provider of my from fund of all further liability in respect of the benefits paid and transferred to Super SA.
- I accept that my roll in will go into the same investment option that my current Super SA contributions are invested in.
- I request and consent to the transfer of my super as described on page 1 and authorise the super provider of each fund to give effect to this transfer.
- I understand that the amount transferred to Super SA is subject to Commonwealth preservation rules and that the products denoted by the asterisk in section 3 of this form cannot be rolled out of the Super SA product to another superannuation fund until I cease State Government employment.

Name

Date

Signature

X Please sign here

To find out more visit supersa.sa.gov.au

