

Application for payment of a preserved pension entitlement



Super SA



Pension

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

To find out more visit supersa.sa.gov.au or call **(08) 8214 7800**

Super ID:

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1. Personal details

Title						Date of birth											
						D	D	/	M	M	/	Y	Y	Y	Y		
Given Name(s)																	
Family Name																	
Email address*																	
Mobile phone*						Work phone						Home phone					
Street address																	
Suburb											State			Postcode			
Postal address (if different from above)																	
Suburb											State			Postcode			

*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 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 important account information from us.

2. Tax file number (TFN)

Tax File Number

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Providing your TFN will ensure that your entitlement is taxed concessionally. 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.

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3. Type of entitlement applied for

Retirement entitlement

I advise that I am aged 55 or over and:

I wish to have my fortnightly income paid direct into my bank account. (Please complete and return the **ATO Tax File Declaration form** and section 4 of this form.)

If you have a Rollover Account please complete the details below:

In accordance with Commonwealth Government legislation if your entitlement includes a Rollover from a complying superannuation fund, any preserved component cannot be taken in cash until you have reached your Commonwealth Government preservation age and permanently retired from the workforce.

I have I have not permanently retired from the workforce.

I wish to roll over my Rollover Account into another complying super fund. (Please complete Section 5 of this form.)

I wish to have my Rollover Account paid directly to me. (Please provide the required proof of identity documents. Please see the **Proof of Identity information sheet** for more information.)

I wish to receive my Non-Preserved Rollover Account (if any) and roll over my Preserved Rollover Account (if any). (Please provide the required proof of identity documents and complete section 4 & 5.)

I wish to roll over my Rollover Account entitlement into the Super SA Flexible Rollover Product (minimum amount \$1,500). (Please also complete an **Application to Purchase form** available in the **Super SA Flexible Rollover Product PDS**.)

I wish to roll over my Rollover Account entitlement into Super SA Income Stream (minimum amount \$30,000). (Please also complete an **Application to Purchase form** available in the **Super SA Income Stream PDS**.) **Please note:** to purchase the Super SA Income Stream you generally must have reached age 60.

Other entitlement

I advise that I am under age 55 and:

I wish to apply for my entitlement on the grounds of **DISABILITY**.

- 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**.
- If you are intending to roll over your entitlement please complete Section 5.
- If you are applying for all or part of your entitlement to be paid directly to you then please provide the required proof of identity documents and complete section 4 and 5 (if applicable).

4. Payment Details

Complete this section if you wish to have all or part of your entitlement paid directly to your bank account.

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, contact your financial institution.

! Important

We require you to provide a bank statement for the account your benefit will be paid to (e.g. printed statement or online statement from a bank or credit union). These statements need to be current (i.e. less than 12 months old) and must show your BSB, account number and your full name on the account.

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

Only complete this section if you have a Rollover Account that you would like to roll over to a complying super fund. All rollover payments will be forwarded direct to the institution you nominate below.

I wish to transfer to the Super fund named below:

Name of rollover fund

New policy/member number

Rollover fund ABN

Rollover fund USI

I wish to transfer to my self managed super fund (SMSF):

Name of SMSF

SMSF ABN

Electronic Service Address (ESA)

SMSF bank details *(please attach a copy of your most recent SMSF bank statement)*

Account name

BSB

Account number

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

Rollover payment details

Amount to be rolled over \$

Amount to be retained in cash (gross) \$

Workers' Compensation payments

Are you entitled to, or are you receiving weekly/fortnightly workers' compensation payments?

Yes

No

If yes, please provide details.

6. 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.

Signature



Date

/ /

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 (08) 8214 7800