

Super SA Select Application Form



Super SA



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

! How to contribute

After-tax

- Download and complete the **Change to after-tax contribution rate** form
- Send it to Super SA

Salary Sacrifice

- Download and complete the **Salary Sacrifice for Superannuation** form
- Forward it to your payroll office


! SA Police Officers, SA Ambulance Operational staff and SA Ambulance Service Superannuation Scheme members ONLY:

- You are required to make contributions to your superannuation as a percentage of your salary.
- Download and complete the "My regular superannuation contributions" form.
- Send it to your Payroll office.

4. Applicant Declaration

I hereby apply to become a member of Super SA Select and declare that:

- I have read and accept the Super SA Select PDS and related information.
- I understand that the Southern Select Super Corporation, as Trustee, will invest my super according to my choice of investment option or options and I accept full responsibility for my investment choice and acknowledge that I am aware of the consequences of making such an election.
- I understand/acknowledge that any of my personal information, including but not limited to medical, non-medical and employment information, can be exchanged between Super SA Select and Triple S.
- The information supplied on this form is true and correct.
- I understand that as a member of Super SA Select I am bound by the rules set out in the Trust Deed and Rules.
- I understand that the Super SA Select PDS represents a summary of the terms and conditions under which the Southern Select Super Corporation, as Trustee, offers this product and that the complete terms and conditions are set out in the Trust Deed and Rules. The terms and conditions are subject to any changes in Commonwealth Acts and Regulations.
- I understand that the Super SA Select PDS is a general guide and does not contain personal financial advice.
- I understand that Super SA may use the information I have provided to send me extra information about my super or to conduct surveys regarding current or future services.

Signature 

Date / /

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

Contact us



EMAIL supersa@sa.gov.au, or



WEBSITE supersa.sa.gov.au



PHONE 1300 369 315



POST GPO Box 48, Adelaide SA 5001



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