

APPLICATION FOR PAYMENT OF A PRESERVED LUMP SUM ENTITLEMENT



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

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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* (W) _____

(H) _____

(M) _____

Name of agency _____

Employee no _____

Contact us

Address

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

* 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 contacting Super SA. If you opt out of marketing communications, you will still receive any 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. 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.

3. Type of entitlement applied for

Retirement entitlement

I advise that I am aged 55 or over and:

- I have/have not permanently retired from the workforce (please strike out whichever does not apply).
- I wish to have my entitlement paid directly to me.

Please note:

- Entitlements taken in cash are subject to applicable tax rates which are determined by your Commonwealth Government preservation age.
- In accordance with Commonwealth Government legislation if your entitlement includes a rollover from a complying super fund, any preserved component cannot be taken in cash until you have reached your preservation age and permanently retired from the workforce.

(Please provide the required proof of identity documentation. See the *Proof of Identity* fact sheet for more information.)

- I wish to roll over my entitlement into the Super SA Flexible Rollover Product (minimum amount \$1,500).

(Please also complete an *Application to Purchase* form available in the Flexible Rollover Product PDS.)

- I wish to roll over my entitlement into the Super SA Income Stream (minimum amount \$30,000).

Please note: to purchase the Super SA Income Stream you must also have reached your Commonwealth Government preservation age, which ranges from 55-60 depending on the year you were born.

(Please also complete an *Application to Purchase* form available in the Super SA Income Stream PDS.)

- I wish to roll over my entitlement into another complying super fund. (Please complete section 4.)

- I wish to roll over part of my entitlement into another complying super fund and receive the balance (net of tax). (Please complete section 4 and provide the required proof of identity documents.)



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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:

Account name (account holder name)

Name of financial institution

Branch

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.

Other entitlement

I advise that I am under age 55 and:

- I wish to roll over my entitlement into the Super SA Flexible Rollover Product (minimum amount \$1,500)*. (Please also complete an *Application to Purchase* form available in the Flexible Rollover Product PDS.)
- I wish to roll over my total entitlement to another complying super fund. (Please complete section 4.)
- 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 4.
 – If you are applying for all or part of your entitlement to be paid directly to you please provide the required proof of identity documents. See the *Proof of Identity* fact sheet for more information.

4. Request to Roll Over an Entitlement

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 fund you nominate below:

Name of rollover fund

New policy/member number

Rollover fund ABN

Rollover fund USI

If your fund has no USI then please provide the following information:

Cheques to be made payable to

Postal address of rollover institution

Postcode

Rollover payment details

Amount to be rolled over \$

Amount to be retained in cash (gross) \$

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

Note: 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.

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.

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5. Request to Withhold an Amount for Division 293 Purposes

You only need to complete this section if you received a Division 293 Notice from the Australian Taxation Office (ATO).

Please attach a copy of your Division 293 Notice of Assessment for confirmation of your liability.

I estimate my final Division 293 liability to be \$_____. Please retain this amount in the scheme for payment of my Division 293 liability when it becomes due.

For more information on how to estimate your Division 293 liability please refer to the ATO website, www.ato.gov.au.

Note: If you do not contact us to pay to you the liability within two years of leaving the SA public sector, Super SA may pay the withheld amount directly to you, or if the amount is subject to preservation, to your nominated rollover fund.

6. Request to Withhold an Amount for Surcharge Purposes

You only need to complete this section if you received a Surcharge Assessment Notice from the ATO.

Please attach a copy of your Surcharge Assessment Notice for confirmation of your liability.

I estimate my final surcharge liability to be \$_____. Please retain this amount in the scheme for payment of my final surcharge liability when it becomes due.

For more information on how to estimate your surcharge liability please refer to the ATO website, www.ato.gov.au.

Note: If you do not contact us to pay to you the liability within two years of leaving the SA public sector, Super SA may pay the withheld amount directly to you, or if the amount is subject to preservation, to your nominated rollover fund.

7. Member Declaration

- I acknowledge that Super SA may verify my details with the Australian Taxation Office (ATO) in order to process this request.
- 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 _____