

APPLICATION FOR TRANSITION TO RETIREMENT



SUPER SA
contributing to your future

Please complete all the details on this form using a black pen and return the signed original to Super SA with a copy of the Transition to Retirement (Superannuation) Agreement approved by your agency.

1. Personal Details

Super ID

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Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Address

Postcode Date of birth / /

Email*

Telephone* (W)

(H)

(M)

Name of agency

Employee no

* 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.

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

Important

If you have ceased employment with the public sector and wish to apply for your pension entitlement, do not complete this form. Instead, you need to complete the *Application for Payment of Resignation/Retirement Entitlement* form.

- A Transition to Retirement (TTR) pension can only be commuted within 6 months of the pension commencing and where public sector employment has ceased.
- When considering TTR we strongly suggest you seek financial advice.

Checklist

Before Super SA can process your payment you need to complete all sections on this form and provide all requested information.

- I have completed my personal details (section 1).
- I have confirmed that I am eligible for TTR (section 2).
- I have attached a copy of the *Application for Transition to Retirement (Superannuation) Arrangement* form approved by my line manager and agency delegate.
- I have supplied Super SA with my Tax File Number (TFN) (section 3).
- I have provided my payment details (section 4).
- I have signed the Member Declaration (section 5).
- My agency's pay office has completed the Salary Certificate on this form (sections 6 & 7).

2. Transition to Retirement Eligibility

TTR benefits cannot be paid unless you meet the following conditions (please confirm):

- I have reached my Commonwealth Government preservation age.
- I have entered into a TTR agreement with my agency and I have provided a copy of the approved agreement with this form.
- I am continuing to work.
- I wish to commence a TTR pension from the Pension Scheme.

3. 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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4. Payment Details

I wish to receive the following TTR benefit from my Pension Scheme account :

- The maximum drawdown benefit that I am entitled to under the TTR arrangements (this is based on the percentage reduction to my salary as a result of the TTR arrangement)
- _____ % of salary. **Please note:** The percentage requested cannot exceed the maximum drawdown benefit. Contact Super SA if you are not sure what your maximum drawdown benefit is.

Please provide details of the account where the TTR pension is to be paid:

Name of financial institution _____

Address of branch _____

Institution BSB number (if known) _____

Your account/member number for direct deposit _____

Account held in name of _____

I have a rollover account and wish to also roll over the same % of this account to the non-commutable income stream fund nominated below.

Super SA Income Stream (Please also complete an *Application to Purchase* form available in the *Super SA Income Stream PDS*. The opening balance of your Non-Commutable Income Stream must be a minimum amount of \$30,000.)

The non-commutable income stream fund named below¹:

Name of rollover fund _____

Rollover fund ABN _____

New policy/member number _____

Cheque to be made payable to _____

Postal address of rollover fund _____

Note: If we are unable to verify that the rollover super fund is a complying non-commutable income stream fund, we will require you to provide a letter of compliance.

5. 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 by receiving a TTR benefit the benefit remaining in the Pension Scheme will be reduced accordingly and I am aware of taxation implications and restrictions that may apply to me taking out a TTR arrangement.

Signature _____

Date _____

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

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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6. Salary Certificate (to be completed by your payroll section)

Member name

Occupation

Name of Agency

Pre-TTR details

Position immediately prior to TTR agreement

Classification

Fortnightly full time salary \$

Effective from

Current fraction of time (show 100% if full time)

Post-TTR details

Date TTR agreement effective

Position post-TTR agreement

Classification

Fortnightly full time salary \$

Fraction of time (show 100% if full time)

Was the contributor in receipt of higher duties allowance in an Acting position prior to or following the TTR agreement?

No Yes, please provide details

7. Certification (by authorised officer)

I certify that the member named within this application has entered into a TTR agreement and that this information contained within this Salary Certificate is correct.

Signature of authorised officer

Name of authorised officer (please print)

Date

Contact telephone number
