

Transfer your super

Triple S / Flexible Rollover Product / Income Stream / Super SA Select

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

3. Indicate your scheme for transfer

Please indicate the amount and scheme for transfer.

<input type="checkbox"/> TRIPLE S MEMBERS	Account ID <input type="text"/>
<input type="checkbox"/> Transfer \$ <input type="text"/>	
<input type="checkbox"/> Transfer the maximum available while maintaining the minimum balance to keep my account open.	
<input type="checkbox"/> Transfer my full benefit	
! For partial transfers, the amount remaining in the fund must be greater than \$6,500 (or greater than \$25,000 for Operational SA Ambulance employees and active Police Officers).	
<i>For members transferring their full benefit to Super SA Select, your account will remain open as any insurance entitlements are provided through Triple S. No administration fees and costs will be payable in Triple S. For members transferring part of their benefit you are limited to one transfer per financial year.</i>	
! Important Note: Please call Super SA if you have Surcharge liability before submitting this application. To retain funds within your Triple S account for payment of your surcharge liability please complete this section and attach a copy of the relevant notice of assessment from the ATO to this form.	
<input type="checkbox"/> Retain \$ <input type="text"/> in the Triple S scheme for payment of my surcharge liability when it becomes due.	

! **Important Note:** Commonwealth preservation rules are different from preservation rules in Triple S. You need to be aware of this if you are rolling money out of Triple S.

<input type="checkbox"/> FLEXIBLE ROLLOVER PRODUCT INVESTORS	Account ID <input type="text"/>
<input type="checkbox"/> Transfer \$ <input type="text"/>	
<input type="checkbox"/> Transfer the maximum available while maintaining the minimum balance (\$6,500) to keep my account open.	
<input type="checkbox"/> Transfer my full benefit	

<input type="checkbox"/> INCOME STREAM INVESTORS	Account ID <input type="text"/>
<input type="checkbox"/> Transfer \$ <input type="text"/>	
<input type="checkbox"/> Transfer the maximum available while maintaining the minimum balance (\$6,500) to keep my account open.	
<input type="checkbox"/> Transfer my full benefit	

<input type="checkbox"/> SUPER SA SELECT	Account ID <input type="text"/>
<input type="checkbox"/> Transfer \$ <input type="text"/>	
<input type="checkbox"/> Transfer the maximum available while maintaining the minimum balance to keep my account open.	
<input type="checkbox"/> Transfer my full benefit	
! For partial transfers, the amount remaining in the fund must be greater than \$6,500 (or greater than \$25,000 for Operational SA Ambulance employees and active Police Officers).	

Transfer your super



Super SA



Government of South Australia

Triple S / Flexible Rollover Product / Income Stream / Super SA Select

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

4. Receiving fund details

Where you would like us to transfer your entitlement to. (Select only 1 option)

Option 1

SUPER SA FLEXIBLE ROLLOVER PRODUCT

I wish to transfer to the Super SA Flexible Rollover Product (min \$1,500) – (If you don't currently have an account, please also complete an Application to Purchase form, available in the Flexible Rollover Product Disclosure Statement).

Option 2

SUPER SA INCOME STREAM

I wish to transfer to the Super SA Income Stream (min \$30,000) – (Please also complete an Application to Purchase form, available in the Income Stream Product Disclosure Statement)

Option 3

SUPER SA TRIPLE S

I wish to transfer to Triple S – (You must already have an account to transfer any funds to Triple S)

Option 4

SUPER SA SELECT

I wish to transfer to Super SA Select – (If you don't currently have an account, please also complete an Application to purchase form, available in the Super SA Select Product Disclosure Statement)

Option 5

I WISH TO TRANSFER TO THE SUPER PRODUCT NAMED BELOW:

Name of fund

Super fund member number

Super fund ABN

Super fund USI

Option 6

I WISH TO TRANSFER TO MY SELF MANAGED SUPER FUND (SMSF).

SMSF name

ABN

Electronic Service Address (ESA)

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

Account name

BSB

Account number

Transfer your super



Triple S / Flexible Rollover Product / Income Stream / Super SA Select

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

5. Member declaration

- I acknowledge that Super SA may verify my details with the Australian Tax Office (ATO) in order to process this request.
- I declare that the information I have provided on this form is true and correct and understand that:
 - Once my payment has been made I will not be able to change my instructions.
 - By closing my Triple S, Super SA Select or FRP account in full all insurance held will cease (unless I am transferring from Triple S to Super SA Select).
 - I understand that any partial payment will be withdrawn from my selected investment options:
 - Triple S, Super SA Select & FRP - in proportion to the balance held in each investment
 - Income Stream - as per my current investment drawdown order.
 - I understand that partial rollovers will be drawn proportionally from my tax free and taxable components.


Casual Triple S employee declaration


- I understand that if I am a casual employee who worked nine or more hours per week, I am taken to remain in employment for a period of 12 months after the last time I performed work for the SA public sector.
- Where I close my account I understand that by signing this declaration I am confirming that I have ceased employment with the SA public sector and this is a notice to the Board to cease the 12 month period from the date of signing this declaration.
- I understand that by signing this declaration I am terminating my membership with Triple S and any Total and Permanent Disablement and/or Death Insurance and Income Protection Insurance will be cancelled from the date of signing this declaration.


Signature


Date


Contact us

 **Email** supersa@sa.gov.au

 **Post** GPO Box 48, Adelaide SA 5001

 **Website** supersa.sa.gov.au

 **Phone** (08) 8214 7800

 **Member Centre, Karna Country**
Ground floor, 151 Pirie St Adelaide SA 5000
(Enter from Pulteney Street).