# Form > Super SA > Pension APPLICATION FOR PAYMENT OF A DDESERVED PENSION ENTITLEME



Please complete all the details on this form in Bluck Let Leks a	and return the signed original to Super SA.		
1. Personal Details	2. Tax File Number (TFN)		
Super ID	Tax file number		
Mr Ms Miss Dr Prof	Providing your TFN will ensure that your entitlement is taxed concessionally. However, if you choose not to provide your TFN, part of		
Surname	your entitlement will be taxed at the highest marginal rate. Declining to provide your TFN is not an offence.		
Given name(s)	3. Type of Entitlement Applied For		
Residential address	Retirement entitlement		
Postcode	I advise that I am aged 55 or over and:		
Postal address (if different from above)	I wish to have my fortnightly income paid direct into my bank account. (Please complete and return the <i>ATO Tax File Declaration</i> form and section 4 of this form.)		
Postcode	If you have a Rollover Account please complete the details		
Date of birth / /	<b>below:</b> In accordance with Commonwealth Government legislation if your		
Email	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		
Telephone (W)	permanently retired from the workforce.		
(H)	I have/have not* permanently retired from the workforce. (*Please strike out whichever does not apply.)		
(M)	I wish to have my Rollover Account paid directly to me. (Please		
Name of agency	provide the required proof of identity documents. Please see the <i>Proof of Identity</i> fact sheet for more information.)		
Employee no	I wish to roll over my Rollover Account entitlement into the Super SA Flexible Rollover Product (minimum amount \$1,500)*. (Please also complete an <i>Application to Purchase</i> form available in the Flexible Rollover Product PDS.)		
Contact us	☐ I wish to roll over my Rollover Account entitlement into Super SA income Stream (minimum amount \$30,000)#.		
Address Ground floor, 151 Pirie Street	<b>Please note:</b> 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.		
Adelaide SA 5000 (Enter from Pulteney Street)	(Please also complete an <i>Application to Purchase</i> form available in the Super SA Income Stream PDS.)		
Postal GPO Box 48, Adelaide, SA 5001	I wish to roll over my Rollover Account into another complying super fund. (Please complete Section 5 of this form.)		
Call (08) 8207 2094 or 1300 369 315 (for regional callers)  Email supersa@sa.gov.au	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 5.)		
Website			

# Product Disclosure Statements (PDS) are available on the Super SA website, supersa.sa.gov.au.

### Form > Super SA > Pension

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#### Please complete all the details on this form in BLOCK LETTERS and return the signed original to Super SA.

#### 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 4.
  - 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.

#### **Important**

If you wish to nominate a 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.

<sup>2</sup> 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.

#### **Payment Details**

Name of illiancial institution			
Branch			
Account name (account hol	der name)		
BSB number (compulsory)		When completing your account details, please use numbers only. Characters and symbols will not be	
Account number		recognised. For more information, contact your financial institution.	

#### Request to Roll Over an Entitlement into Another Complying 5. Super Fund

Only complete this section if you have a Rollover Account that you would like to roll over to a complying super fund <sup>2</sup> . All rollover payments will be forwarded direct to the institution you nominate below.
Name of rollover fund
Rollover fund ABN
New policy/member number
Cheque to be made payable to
Postal address of rollover fund
f you wish to roll over your entitlement to more than one institution, please attach the relevant documentation to

you to provide a letter of compliance.

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' com Sensitive: Personal (when completed) - I2 - A1

pensation payments?	If yes, please provide details.	Yes No
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Form updated October 2019

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# Form > Super SA > Pension APPLICATION FOR PAYMENT OF A PRESERVED PENSION ENTITLEMENT



Please complete all the details on this form in BLOCK LETTERS and return the signed original to Super SA.

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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	
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### **Tax file number declaration**This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
   Print X in the appropriate boxes.
   Page all the instructions including the privacy statement before

_	ato.gov.au Read all the instruction	s including the privacy statement before you complete this declaration.
S	ection A: To be completed by the PAYEE	5 What is your primary e-mail address?
1	What is your tax file number (TFN)?	
	OR I have made a separate application/enquiry to the ATO for a new or existing TFN.	
	question 1 on page 2 of the instructions.  OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.	6 What is your date of birth?
	OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.	7 On what basis are you paid? (select only one)
2	What is your name? Title: Mr Mrs Miss Ms	Full-time Part-time Labour Superannuation Casual employment employment hire income stream
	Surname or family name  First given name	8 Are you: (select only one) An Australian resident for tax purposes for t
	Other given names	9 Do you want to claim the tax-free threshold from this payer?
		Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.
3	What is your home address in Australia?	Answer <b>no</b> here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an
		10 Do you have a Higher Education Loan Program (HELP), VET Student
		Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?
	Suburb/town/locality	Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
	State/territory Postcode	DECLARATION by payee: I declare that the information I have given is true and correct.  Signature
4	If you have changed your name since you last dealt with the ATO,	Date Day Month Year
	próvide your previous family name.	You MUST SIGN here
		There are penalties for deliberately making a false or misleading statement.
	Once section A is completed and signed, give it to your payer to con	plete section B.
	ection B: <b>To be completed by the PAYER</b> (if you are <b>What is your Australian business number (ABN) or</b> Branch number	not lodging online)    5 What is your primary e-mail address?
'	withholding payer number? (if applicable)	5 what is you primary e-mail address:
2	If you don't have an ABN or withholding payer number, have you applied for one?	
3	What is your legal name or registered business name (or your individual name if not in business)?	6 Who is your contact person?
		Business phone number
		7 If you no longer make payments to this payee, print X in this box.
		DECLARATION by payer: I declare that the information I have given is true and correct.
4	What is your business address?	Signature of payer  Date
		Day Month Year
	Suburb/town/locality	There are penalties for deliberately making a false or misleading statement.
	State/territory Postcode	Return the completed original ATO copy to:  Australian Taxation Office PO Box 9004 PD BOX
		PENRITH NSW 2740 ■ lodging online.