

# APPLICATION FOR PAYMENT OF A PRESERVED PENSION ENTITLEMENT



**SUPER SA**  
contributing to your future

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

## 1. Personal Details

Super ID

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

## 2. Tax File Number (TFN)

Tax file number









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. 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 wish to have my fortnightly income paid direct into my bank account. (Please complete and return the *ATO Tax File Declaration* form and section 4 of this form.)

### If you have a Rollover Account please complete the details below:

In accordance with Commonwealth Government legislation if your 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 permanently retired from the workforce.

- I have/have not\* permanently retired from the workforce. (\*Please strike out whichever does not apply.)
- I wish to have my Rollover Account paid directly to me. (Please provide the required proof of identity documents. Please see the *Proof of Identity* fact sheet for more information.)
- I wish to roll over my Rollover Account entitlement into the Super SA Flexible Rollover Product (minimum amount \$1,500)<sup>#</sup>. (Please also complete an *Application to Purchase* form available in the Flexible Rollover Product PDS.)
- I wish to roll over my Rollover Account entitlement into Super SA income Stream (minimum amount \$30,000)<sup>#</sup>.

**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 Rollover Account into another complying super fund. (Please complete Section 5 of this form.)
- 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.)

<sup>#</sup> Product Disclosure Statements (PDS) are available on the Super SA website, [supersa.sa.gov.au](http://supersa.sa.gov.au).

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## 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.

## 4. Payment Details

Name of financial institution \_\_\_\_\_

Branch \_\_\_\_\_

Account name (account holder name) \_\_\_\_\_

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.

## 5. Request to Roll Over an Entitlement into Another Complying 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 \_\_\_\_\_

If you wish to roll over your entitlement to more than one institution, 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.

### 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' compensation payments? If yes, please provide details.

Yes  No

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## 6. 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.

Signature

Date



