



# Application for Transition to Retirement



Super SA



## Pension

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** with a copy of the Transition to Retirement (Superannuation) Agreement approved by your agency and return to Super SA via post or email.

### 2. Transition to Retirement Eligibility


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

- |                                                   |                                                                                                                                                  |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I have reached age 60.   | <input type="checkbox"/> I have entered into a TTR agreement with my agency and I have provided a copy of the approved agreement with this form. |
| <input type="checkbox"/> I am continuing to work. | <input type="checkbox"/> I wish to commence a TTR pension from the Pension Scheme.                                                               |

### 3. 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

Branch

Account name (account holder name)

BSB number

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.

### 4. Member declaration

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 receiving a TTR benefit, the benefit remaining in the Pension Scheme will be reduced accordingly and I am aware of the taxation implications that may apply to me starting a TTR arrangement.
- The TTR pension will be indexed by the CPI and will not be adjusted for future increases in salary.
- The TTR pension can only be commuted on full retirement, provided this occurs within six months of my TTR pension commencing.
- If I return to a previous level of employment the TTR pension will be suspended.

Signature



Date

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### 5. 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

D  D /  M  M /  Y  Y  Y  Y

Current fraction of time

% (show 100% if full time)

#### Post-TTR details

Position post-TTR agreement

Classification

Fortnightly full time salary

Date TTR agreement effective

D  D /  M  M /  Y  Y  Y  Y

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

### 6. 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.

Name of authorised officer (please print)

Contact telephone number

Signature



Date

D  D /  M  M /  Y  Y  Y  Y

#### Contact us

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