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.

| To find out more visit supersa | .sa.gov.au or call 1300 369 | 315 | | | |
|---|---|----------------------------|--|---|--|
| Use this form if you wish to trans | fer your benefit to another Su | per SA product or S | Superannuation func | l. | |
| ilient ID: | | | | | |
| 1. Personal details Title Given Name(s) | | | Date of birth | M 1 Y Y Y Y | |
| Family Name | | | | | |
| Email address* | | | | | |
| Mobile phone* | Work phone* | | Home phone* | | |
| Street address | | | | | |
| Suburb | | | State | Postcode | |
| Postal address (if different from above) | | | Charles | Dantas da | |
| Suburb | | | State | Postcode | |
| By providing your email address and/or telepl communications including newsletters, annou communication preferences in our online mer information from us. | incements, invitations or surveys. You m | nay opt out of these marke | eting communications at a | ny time by updating your | |
| 2. Tax File Number (| Pro If vo | ou choose not to provid | le your TFN, part of your | nt is taxed concessionally. entitlement may be taxed our TFN is not an offence. | |
| Checklist Before Super SA can process your pa | yment you need to complete all sec | ctions on this form and | d provide all requested | information. | |
| | I have completed my personal details (Section 1). | | I have nominated where my entitlement will be transfered to (Section 4). | | |
| I have supplied Super SA with my I I have nominated which scheme a (Section 3). | | I have signed the | Member Declaration (Se | ction 5). | |

(i)

Note: If you are unsure what benefit is available, please contact Super SA to confirm to avoid delays in processing your request.









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| RIPLE S MEMBERS | Account ID |
|---|---|
| Transfer \$ | |
| Transfer the maximum available | while maintaining the minimum balance to keep my account open. |
| Transfer my full benefit | |
| For partial transfers, the amount re Ambulance employees and active Po | maining in the fund must be greater than \$6,500 (or greater than \$25,000 for Operational SA olice Officers). |
| nembers transferring their full benefit t e S. No administration fees and costs w inancial year. | o Super SA Select, your account will remain open as any insurance entitlements are provided through ill be payable in Triple S. For members transferring part of their benefit you are limited to one transfer |
| | A if you have Surcharge liability before submitting this application. ccount for payment of your surcharge liability please complete this section and attach a copy of the the ATO to this form. |
| Retain \$ in | the Triple S scheme for payment of my surcharge liability when it becomes due. |
| FLEXIBLE ROLLOVER PRODU | |
| olling money out of Triple S. FLEXIBLE ROLLOVER PRODL Transfer | |
| FLEXIBLE ROLLOVER PRODU Transfer \$ Transfer the maximum available Transfer my full benefit | VCT INVESTORS Account ID while maintaining the minimum balance (\$6,500) to keep my account open. |
| FLEXIBLE ROLLOVER PRODU Transfer \$ Transfer the maximum available Transfer my full benefit | VCT INVESTORS Account ID while maintaining the minimum balance (\$6,500) to keep my account open. |
| Transfer # SINCOME STREAM INVESTOR Transfer \$ Transfer my full benefit | VCT INVESTORS Account ID while maintaining the minimum balance (\$6,500) to keep my account open. |
| Transfer # SINCOME STREAM INVESTOR Transfer \$ Transfer my full benefit | CCT INVESTORS Account ID while maintaining the minimum balance (\$6,500) to keep my account open. S Account ID |
| Transfer \$ Transfer my full benefit Transfer \$ Transfer my full benefit Transfer my full benefit Transfer my full benefit | CCT INVESTORS Account ID while maintaining the minimum balance (\$6,500) to keep my account open. S Account ID |
| Transfer the maximum available Transfer \$ Transfer my full benefit Transfer \$ Transfer my full benefit Transfer the maximum available Transfer my full benefit | While maintaining the minimum balance (\$6,500) to keep my account open. S Account ID while maintaining the minimum balance (\$6,500) to keep my account open. |
| Transfer the maximum available Transfer \$ Transfer my full benefit Transfer the maximum available Transfer my full benefit Transfer the maximum available Transfer \$ Transfer \$ Transfer the maximum available Transfer the maximum available Transfer my full benefit SUPER SA SELECT Transfer \$ | While maintaining the minimum balance (\$6,500) to keep my account open. S Account ID while maintaining the minimum balance (\$6,500) to keep my account open. |

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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 | Option 2 | | | |
| SUPER SA FLEXIBLE ROLLOVER PRODUCT | SUPER SA INCOME STREAM | | | |
| 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). | 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 | Option 4 | | | |
| SUPER SA TRIPLE S | SUPER SA SELECT | | | |
| I wish to transfer to Triple S – (You must already have an account to transfer any funds to Triple S) | I wish to transfer to Super SA Select – (If you don't currently have an account, please also complete an application form, available in the Super SA Select Product Disclosure Statement) | | | |
| Option 5 | Option 6 | | | |
| I WISH TO TRANSFER TO THE SUPER PRODUCT NAMED BELOW: | I WISH TO TRANSFER TO MY SELF MANAGED SUPER FUND (SMSF). | | | |
| Name of fund | SMSF name | | | |
| | | | | |
| | ABN | | | |
| Super fund member number | Electronic Service Address (ESA) | | | |
| | SMSF bank details (please attach a copy of your most recent SMSF bank statement) | | | |
| Super fund ABN | Account name | | | |
| | | | | |
| Super fund USI | BSB - | | | |
| | Account | | | |

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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
 - 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).
 - The unit price used to calculate my payment is the unit price at, or immediately prior to, the date of processing the payment.
 - · 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 🗶















Contact us



DATE OF ISSUE: 30 NOVEMBER 2022

(P) **EMAIL** supersa@sa.gov.au, or



WEBSITE supersa.sa.gov.au



ASFM48

(🗓) **PHONE** 1300 369 315

MEMBER CENTRE (BY APPOINTMENT ONLY) 151 Pirie St Adelaide SA 5000

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