



After reading the Super SA Income Stream PDS and deciding this investment is appropriate for your needs, complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return original signed form to Super SA.

Please note that you are required to consolidate your funds **BEFORE** commencing a Super SA Income Stream. Once opened, additional amounts cannot be added to the account. You may commence a second account, with a minimum amount of \$10,000.

To find out more visit supersa.sa.gov.au or call 1300 369 315

lient ID:	IMPORTANT: You are required to provide preplease see the Proof of Identition	oof of identity documents with this re y section at supersa.sa.gov.au for m	equest. ore information.
1. Personal details Title		Date of birth	1
Given Name(s)			
Family Name			
Email address			Male Female
Mobile phone	Work phone	Home phone	
Street address			
Suburb		State	Postcode
Postal address (if different from above)			
Suburb		State	Postcode
When establishing a Spouse Account, p Name of partner (Super SA member)	lease provide spouse details in Section 1 a	bove and Super SA member details b	pelow.
Super SA member's Account ID	Date of birth D D / M M / Y Y		
OR	uper SA account, please proceed to Question		
	/ M M / Y Y Y Y	payment was received below.	
2. Tax File Number Tax File Number -	-		
Please tick if Super SA already has yo	our TFN recorded.		
Providing your TFN will ensure that your entitlement will be taxed at the highest n	entitlement is taxed concessionally. Howev narginal rate (currently 47%). Declining to p	ver, if you choose not to provide your rovide your TFN is not an offence.	TFN, part of your

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Indicate your school option only)	eme for transfe	r							
TRIPLE S MEMBERS			Account ID						I
Transfer \$									
Transfer the maximum availal	ole while maintaining the min	nimum balance to kee	p my account o	pen.					
Transfer my full benefit									
For partial transfers, the amoun SA Ambulance employees and a		be greater than \$6,500	O (or greater tha	n \$25,00	0 for O	peratio	onal		
Important Note: Please call Sup To retain funds within your Triple relevant notice of assessment fro	S account for payment of you								
Retain \$	in the Triple S scheme for p	payment of my surcha	arge liability wh	en it bed	comes o	due.			
Transfer the maximum availal Transfer my full benefit	ole while maintaining the min	nimum balance (\$6,50	0) to keep my a	ccount	open.				
SUPER SA INCOME STREA	M INVESTORS		Account ID						
Transfer \$									
Transfer my full benefit									
SUPER SA SELECT			Account ID						
Transfer \$									
Transfer the maximum availal	ole while maintaining the mir	nimum balance to kee	p my account c	pen.					
Transfer my full benefit									
For partial transfers, the amou SA Ambulance employees and	unt remaining in the fund mu	ust be greater than \$	6,500 (or great	er than	\$25,00	00 for (Operat	ional	

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3. Indicate your scheme for transfer (continued)

I WISH TO TRANSFER FROM A DIFFERENT ELIGIBLE PUBLIC SECTOR SCHEME NAMED BELOW:

(Please attach relevant scheme information)

Name of fund

Please note that income stream can only accept transfers from eligible public sector schemes. If you wish to transfer funds currently held outside of an eligible public sector scheme, you must first transfer your funds to an eligible scheme. For external transfers via a Super SA Scheme, please complete and attach a "Consolidate your super" form to transfer entitlements from your non Super SA products. This form is available at **supersa.sa.gov.au** or by calling Super SA.

4. Investment options for your account balance

You can choose to invest your super between any number of the below available investment options. Please indicate the percentage you want to invest in each investment option below using **whole percentages**:

High Growth	%	Balanced	%	Socially Responsible	%	Stable	%	Cash		%
Indexed High Growth	%	Indexed Balanced xed Options	%	Moderate	%	Capital Defensive	%	Total	= 100	%

! If you do not make a choice,

If you do not make a choice, your super will be invested 60% in Moderate and 40% in Stable options.

For more information about your investment options and their performance, see the Investment Guide on the Super SA website.

5. Investment options preferences for your income payments

If you have chosen more than one investment option please indicate the order of options in which you wish to draw down for payment of your income. If you do not specify a choice, then your withdrawal will automatically be taken in the Default order of the investment options specified in the table below under Option 1.

Option 1: Nominated Order

Please nominate the order you would like your payments drawn from your account, by numbering the boxes 1 to 9 (with 1 being drawn first).

	Default order	Nominated order
Cash	1	
Capital Defensive	2	
Stable	3	
Moderate	4	
Indexed Balanced	5	
Socially Responsible	6	
Balanced	7	
Indexed High Growth	8	
High Growth	9	

Once there's no longer enough money in your chosen option(s), payments will be deducted proportionately from the balance invested in your other option(s).

Option 2: Nominated Percentage draw down

Please nominate the percentage you would like drawn from your investments for each payment. The percentages must add up to 100%. If you tick Option 2 but do not specify a choice in the table below, your payments will be drawn proportionally from all the investments in your account.

	Nominated draw down
Cash	%
Capital Defensive	%
Stable	%
Moderate	%
Indexed Balanced	%
Socially Responsible	%
Balanced	%
Indexed High Growth	%
High Growth	%

Option 3: Proportional (with payments of your income drawn in the same proportions as investments held in your account)





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6. Income Payment Details						
How often would you like your income paid to you? Please select your payment frequency (tick one)	For each payment selected, how much would you like to be paid?					
Fortnightly Monthly	To assist with calculating your income stream amount please refer to the About the Super SA Income Stream section of this PDS.					
Quarterly Half-yearly Annually For quarterly, half-yearly and annual payments, please specify the month you want to receive your first payment. Month Year Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Full 10% maximum¹ income amount for this financial year (for transition to retirement only) Specific amount between the minimum and maximum of					
If you do not nominate a payment frequency your income stream will Fortnightly income stream payments will be made on alternate Thursd. If you choose to receive your payment quarterly, half-yearly or annuall payment, the following default commencement dates for your payment – Quarterly payments are made on the 15 th of September, December, Ma – Half-yearly payments are made on the 15 th of December and June each – Annual payments are made on the 15 th of June each year.	ays. All other payments will be made on the 15th day of the month. y and you do not specify which month you want to receive your first its will apply: arch and June each year					
Where would you like your income to be paid? Financial institution details Please nominate the account into which you want your income stream pocredit cards or overseas accounts. Account numbers should not be more please contact your financial institution if you need to confirm your bank	than nine digits and must not contain any alphabetic characters.					
Required – I have attached a copy of the most recent bank stateme	ent showing my full name, BSB and account number.					
Name of financial institution						
Branch						
Account name (account holder name)						
BSB number (compulsory) Account number						

¹ Not applicable if over age 65 and ceases once you turn age 65.





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 7. Directing your Death benefit You have two options for directing where your income stream is paid in the event of your death. Option 1 - Reversionary Beneficiary: Nominate your spouse/putative spouse as your reversionary beneficiary to receive your income stream payment in the event of your death. If you want to do this, you must do so now. You cannot do so at a later date.
Please provide details of your nominated reversionary beneficiary. Surname
Given name(s)
Postal Address
Suburb State Postcode
Date of birth
D D / M M / Y Y Y Male Female
Relationship to you
Option 2 – Legal Personal Representative (Estate): If you would prefer your death benefit to be paid to your Estate, and distributed according to your Will, you can nominate your Legal Personal Representative (Estate). To nominate download the Binding Death Nomination – Legal Personal Representative (Estate) form from supersa.sa.gov.au and return it to Super SA. You can do this now or later.

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8. Recipient Declaration Income stream eligibility - please tick only one box			
Retirement	Transition to Retirement		
I am age 60 or over and have permanently retired. I am under age 60 but have retired due to total and permanent disablement. You will also need to provide a completed ATO Tax File Number declaration form.	This Income Stream is being purchased as a transition to retirement income stream (please tick if applicable). I am age 60 to 64 but have not retired permanently from the workforce.		
I am aged 65 or over.			
Other			
I have ceased an employment arrangement after the age of 60.			
I am permanently incapacitated (total and permanent disablement	benefit)		
I am starting a death benefit income stream with the proceeds of a which I'm entitled and I was the spouse of the deceased at the date	a death benefit to e of death.		
I declare that the information I have provided on this form is true and - Once my transfer has been made, I will not be able to change my instructions.	correct and understand that: - Partial rollovers will be drawn proportionally from my tax free and taxable components.		
 By closing (if applicable) my Triple S, Super SA Select or FRP account in full, all insurance held will cease. 	 - Tax will be deducted from the taxable untaxed component, on transfers received in the Super SA Income Stream. 		
 Any partial payment will be withdrawn from my selected investment options: Triple S, Super SA Select and FRP - in proportion to the balance held in each investment 	 I understand that my personal information will be used by Super SA and/or its authorised service providers to assist with processing my request and will be handled as per Super SA's Privacy Policy. I confirm that I am authorised to provide the personal details 		
Super SA Income Stream - as per my current investment draw down order.	presented and I consent to my information and/or identity documents being checked with the document issuers or official record holders via third party systems for the purpose of confirming my identity.		
I hereby apply to purchase a Super SA Income Stream and declare that – I understand that the Super SA Income Stream Product Disclosure Statement is a general guide and does not contain financial advice.	t: - I have read the Super SA Income Stream Product Disclosure Statement and I fully understand its contents and accept the terms		
 I accept full responsibility for the investment choice(s) I have selected in Section 4 of this form, and I am aware of the consequences of making such an election. 	and conditions set out in it. - I have provided the required proof of identity documents.		
 I understand that the Super SA Income Stream Product Disclosure Statement represents the terms and conditions under which the Super SA Board offers this Super SA Income Stream. The terms and conditions are subject to any changes in Commonwealth Acts and Regulations. 			
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.	re – 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.		
 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. 			
Income Stream Applicant			

You are required to provide proof of identity documents with this request. Please see the Proof of Identity information sheet for more information.

Contact us

Signature



(@) Email supersa@sa.gov.au



Post GPO Box 48, Adelaide SA 5001



(🛱) **Website** supersa.sa.gov.au



Phone 1300 369 315



Date D D / M M / Y Y Y

Member Centre, Kaurna Country

Ground floor, 151 Pirie St Adelaide SA 5000 (Enter from Pulteney Street).