Application for Transition to Retirement



[] Important If you have ceased employment with the public sector and wish to apply for the release of your entitlements, do not complete this form. Instead, you need to complete the



Lump Sum

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.

To find out more visit supersa.sa.gov.au or call (08) 8214 7800

1. Personal details					
Title			Date of		
				/ M M	1 Y Y Y Y
iiven Name(s)					
amily Name					
mail address*					
Nobile phone*	Work phone		Home phon	е	
treet address					
iuburb				State	Postcode
uburb				State	Postcode
Postal address (if different from above)					
, , , , , , , , , , , , , , , , , , , ,					
uburb				State	Postcode
lame of agency			Employee numb	er	
providing your email address and/or telep nmunications including newsletters, anno nmunication preferences in our online me count information from us.	uncements, invitations or surveys. You	may opt out of these n	narketing commun	ications at any t	ime by updating your
Checklist Before Super SA can process your pa	ayment you need to complete all s	sections on this for	m and provide a	ll requested i	nformation.
I have completed my personal details (section 1).		I have confirmed that I am eligible for TTR (section 3).			
I have attached a copy of the Application for Transition to Retirement (Superannuation) Arrangement form approved by my line manager and agency delegate.		I have supplied Super SA with my Tax File Number (TFN) (section 2).			
3 , 3	<i>3</i> , <i>3</i>		I have signed the Member Declaration (section 5).		
I have provided my payment details (section 4).		My agency's pay office has completed the Salary Certificate on this form (sections 6 & 7).			
2. Tax file number (TENI\	(sections 6 & 7).			

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3. Transition to Retirement Eligibility





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nave reached age 60.		I am continuing to work
nave entered into a Transit	tion to Retirement Agreement attached a copy of the approved	I will be rolling over to a non-commutable income stream produ
Payment Deta	aile	
· · · · · · · · · · · · · · · · · · ·	g TTR benefit from my Lump Sum Scl	heme account:
	n benefit that I am entitled to under centage reduction to my salary as a	
\$	Please note: The amount over to a Super SA Incomsure what your maximum	requested cannot exceed the maximum drawdown benefit, and if you are roll e Stream, you must rollover a minimum of \$30,000. Contact Super SA if you ar n drawdown benefit is.
yments must be forward	ded directly to the complying non-c	ommutable income stream fund nominated below.
Super SA Income Street		
Super SA Income Stream	n Application to Purchase form available in t	he Suner SA Income Stream PDS I
(ricase also complete arri	ppheation to raichase joint available in c	The Super State of Country 25.,
The non-commutable inc	come stream fund named below:	
Name of rollover fund		
Member number		Fund ABN
Member Humber		Tuliu Abiy
Rollover fund USI		
Rollover fund USI		
	r entitlement to more than one fund, plea	se attach the relevant documentation to this application.
If you wish to roll over you		se attach the relevant documentation to this application. ion-commutable income stream fund, we will require you to provide a letter of complic
If you wish to roll over you Note: If we are unable to verify	y that the rollover super fund is a complying n	
If you wish to roll over you Note: If we are unable to verify I wish to transfer to my		
If you wish to roll over you Note: If we are unable to verify	y that the rollover super fund is a complying n	
If you wish to roll over your Note: If we are unable to verify I wish to transfer to my Name of SMSF	y that the rollover super fund is a complying n Self Managed Super Fund (SMSF)	on-commutable income stream fund, we will require you to provide a letter of compli
If you wish to roll over you Note: If we are unable to verify I wish to transfer to my	y that the rollover super fund is a complying n	on-commutable income stream fund, we will require you to provide a letter of compli
If you wish to roll over your Note: If we are unable to verify I wish to transfer to my Name of SMSF	y that the rollover super fund is a complying n Self Managed Super Fund (SMSF)	on-commutable income stream fund, we will require you to provide a letter of compli
If you wish to roll over you Note: If we are unable to verify I wish to transfer to my Name of SMSF SMSF ABN	y that the rollover super fund is a complying n Self Managed Super Fund (SMSF)	on-commutable income stream fund, we will require you to provide a letter of complic ee Address (ESA)
If you wish to roll over you Note: If we are unable to verify I wish to transfer to my Name of SMSF SMSF ABN	y that the rollover super fund is a complying n Self Managed Super Fund (SMSF) Electronic Servic	on-commutable income stream fund, we will require you to provide a letter of complic ee Address (ESA)
If you wish to roll over your Note: If we are unable to verify I wish to transfer to my Name of SMSF SMSF ABN SMSF bank details (please	y that the rollover super fund is a complying n Self Managed Super Fund (SMSF) Electronic Servic	on-commutable income stream fund, we will require you to provide a letter of complic ee Address (ESA)
If you wish to roll over your Note: If we are unable to verify I wish to transfer to my Name of SMSF SMSF ABN SMSF bank details (please	y that the rollover super fund is a complying n Self Managed Super Fund (SMSF) Electronic Servic	on-commutable income stream fund, we will require you to provide a letter of complic ee Address (ESA)

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5. Member declaration I certify that the details are true and correct. I understand that once my payment has been made I will not be able to change my instructions. I understand that by receiving a TTR benefit the benefit remaining in the Lump Sum Scheme will be reduced accordingly. Signature ★ Date DD / MM / YYYYYY

	• 6 1		
6. Salary Certifica	ate (to be completed by your	payroll section)	
Member name			
Occupation			
Name of Agency			
J. J			
Pre-TTR details			
Position immediately prior to TTR a	agreement		Classification
Fortnightly full time salary \$	Effective from D D / M M / Y Y Y Y	Current fraction of time	now 100% if full time)
Post-TTR details		76 (5)	iow 100% ij juli timej
Position post-TTR agreement			Classification
Fortnightly full time salary	Date TTR agreement effective	Fraction of time	
\$	D D / M M / Y Y Y	% (sh	now 100% if full time)
	igher duties allowance in an Acting position prior	to or following the TTR agreem	ent?
No Yes, please provi	de details		
7. Certification (by	v authorised officer)		
-	y autinorised of ficery within this application has entered into a TTR ac	preement and that this information	tion contained within

7. Certification (by authorised officer)	
I certify that the member named within this application has entered into a this Salary Certificate is correct.	TTR agreement and that this information contained within
Name of authorised officer (please print)	
Contact telephone number	
Signature 🗶	Date D D / M M / Y Y Y

Contact us









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