

Application for payment of a preserved lump sum entitlement



Super SA



Pension

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 **(08) 8214 7800**

Super ID:

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1. Personal details

Title

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 Date of birth

--	--	--	--	--	--	--	--	--	--	--

Given Name(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Family Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile phone*

--	--	--	--	--	--	--	--	--

 Work phone

--	--	--	--	--	--	--	--	--

 Home phone

--	--	--	--	--	--	--	--	--

Street address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

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 Postcode

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Postal address (if different from above)

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Suburb

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 State

--	--

 Postcode

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*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive important account information from us.

2. Tax file number (TFN)

Tax File Number

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Providing your TFN will ensure that your entitlement is taxed concessionally. 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.

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5. Request to roll over an entitlement into another complying super fund

Please complete this section if you want to roll over any part of your entitlement into another complying super fund. All rollover payments will be forwarded direct to the fund you nominate below:

I wish to transfer to the Super fund named below:

Name of rollover fund
[Grid]

New policy/member number [Grid] Rollover fund ABN [Grid]

Rollover fund USI
[Grid]

I wish to transfer to my self managed super fund (SMSF):

Name of SMSF
[Grid]

SMSF ABN [Grid] Electronic Service Address (ESA) [Grid]

SMSF bank details (please attach a copy of your most recent SMSF bank statement)
Account name
[Grid]

BSB [Grid] Account number [Grid]


If you wish to roll over your entitlement to more than one fund, 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 \$ [Grid] Amount to be paid to bank account \$ [Grid]


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  [Grid]

Date [Grid] / [Grid] / [Grid]


Contact us

 **Email** supersa@sa.gov.au

 **Website** supersa.sa.gov.au

 **Member Centre, Karna Country**
Ground floor, 151 Pirie St Adelaide SA 5000
(Enter from Pulteney Street).

 **Post** GPO Box 48, Adelaide SA 5001

 **Phone** (08) 8214 7800