

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 (08) 8214 7800

Use this form if you wish to transfer your benefit to another Super SA product or Superannuation fund.



1. Personal details

Title	Date of birth		
		D D / M M /	
Given Name(s)			
Family Name			
Email address*			
Mobile phone*	Work phone*	Home phone*	
Street address			
Suburb		State	Postcode
Postal address (if different from above)			
Suburb		State	Postcode

*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.

	Providing your TFN will ensure that your entitlement is taxed concessionally. If you choose not to provide your TFN, part of your entitlement may be taxed at the highest marginal rate. Declining to provide your TFN is not an offence.			
Checklist Before Super SA can process your payment you need to complete all sections on this form and provide all requested information.				
I have completed my personal details (Section 1). I have supplied Super SA with my tax file number (TFN) (Section 2).	I have nominated where my entitlement will be transfered to (Section 4).			
I have nominated which scheme and the amount to be transferred (Section 3).	Thave signed the Member Deciaration (Section 5).			
Note: If you are unsure what henefit is available please contact Su				

DATE OF ISSUE: 20 JANUARY 2025

D processing your request.

OFFICIAL: SENSITIVE (when completed)



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TRIPLE S MEMBERS	Account ID	
Transfer \$		
Transfer the maximum av	vailable while maintaining the minimum balance to keep my account open.	
Transfer my full benefit		
For partial transfers, the am SA Ambulance employees ar	ount remaining in the fund must be greater than \$6,500 (or greater than \$25,000 for Operational nd active Police Officers).	
members transferring their ful le S. No administration fees an financial year.	l benefit to Super SA Select, your account will remain open as any insurance entitlements are provided d costs will be payable in Triple S. For members transferring part of their benefit you are limited to one	through transfe
To retain funds within your 1	Super SA if you have Surcharge liability before submitting this application. Triple S account for payment of your surcharge liability please complete this section and attach a copy c nt from the ATO to this form.	of the
Retain \$	in the Triple S scheme for payment of my surcharge liability when it becomes due.	
FLEXIBLE ROLLOVER P	PRODUCT INVESTORS Account ID	
Transfer \$	PRODUCT INVESTORS Account ID	
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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

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).

Option 3

SUPER SA TRIPLE S

I wish to transfer to Triple S – (You must already have an account to transfer any funds to Triple S)

Option 5

I WISH TO TRANSFER TO THE SUPER PRODUCT NAMED BELOW:

Name of fund

Super fund member number		
Super fund ABN		
Super fund USI		

SUPER SA INCOME STREAM

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 4

SUPER SA SELECT

I wish to transfer to Super SA Select – (If you don't currently have an account, please also complete an Application to purchase form, available in the Super SA Select Product Disclosure Statement)

Option 6

I WISH TO TRANSFER TO MY SELF MANAGED SUPER FUND (SMSF).				
SMSF name				
ABN				
Electronic Service Address (ESA)				
SMSF bank details (please attach a copy of your most recent S Account name	MSF bank statement)			
BSB				
Account number				





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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 my instructions.
 - 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).
 - 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.

Signature 🗴

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.



Contact us

Email supersa@sa.gov.au

Dest GPO Box 48, Adelaide SA 5001

(B) Website supersa.sa.gov.au

Phone (08) 8214 7800

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

