

Application for payment of resignation/retirement benefit



Super SA



SA Ambulance Service Superannuation Scheme

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**

Account ID:

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You are required to complete this form if you are applying for a benefit in the case of your:

- Retirement, after reaching age 60
- Retirement, due to total and permanent disablement under age 60
- Resignation

1. Personal details

Title			Date of birth									
			D	D	/	M	M	/	Y	Y	Y	Y
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		
Name of agency							Employee number					

*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.

Checklist

Please remember that before Super SA is able to process your application you need to complete all sections on this form. If you do not provide the requested information there will be a delay in processing your benefit payment.

- | | |
|--|--|
| <input type="checkbox"/> I have completed my personal details (section 1). | <input type="checkbox"/> I have supplied Super SA with my tax file number (TFN) (section 2). |
| <input type="checkbox"/> I have indicated my entitlement type (section 3). | <input type="checkbox"/> I have provided rollover fund details if I am electing to roll over my benefit (section 4).
<i>Please ignore this section if you are not rolling over to another fund.</i> |
| <input type="checkbox"/> I have provided the required proof of identity documents if I am either applying for all or part of my entitlement to be paid directly to me or rolling over into the Super SA Income Stream or Flexible Rollover Product.
<i>(Please see the Proof of Identity information sheet for more information.)</i> | <input type="checkbox"/> I have provided my bank details if I am asking for the payment or partial payment to be made to me (section 5). |
| <input type="checkbox"/> | <input type="checkbox"/> I have signed the Member Declaration (section 7). |

Please contact Super SA on **(08) 8214 7800** if you require any help in completing this form.

Special note: Your benefit payment cannot be processed until all contributions have been received from your payroll office.

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2. Tax file number (TFN)

Tax File Number

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

3. Type of entitlement applied for

Retirement:

I advise that I have reached age 60 and that I have **RETIRED** from the SA Ambulance Service and:

I have/have not* permanently retired from the workforce.
*(*Please strike out whichever is not applicable.)*

I wish to have my benefit paid directly to me.
(Please provide the required proof of identity documents and complete section 5.)

I wish to roll over my benefit into the Super SA Flexible Rollover Product (minimum amount \$1,500).
(Please also complete an Application to Purchase form available in the Flexible Rollover Product PDS.)

I wish to roll over my benefit into another complying super fund.
(Please complete section 4.)

I wish to roll over my benefit into the Super SA Income Stream (minimum amount \$30,000).
Please note: to purchase the Super SA Income Stream you generally must also have reached age 60.
(Please also complete an Application to Purchase form available in the Super SA Income Stream PDS.)

I wish to roll over part of my benefit into another complying super fund and receive the remaining balance (net of tax).
(Please provide the required proof of identity documents, include your bank details in section 5 and complete section 4.)

Resignation

I advise that I am under age 60 and that I have **RESIGNED** (including early retirement) from the SA Ambulance Service and:

I wish to preserve my entitlement in the Scheme.

I wish to roll over my benefit into the Super SA Flexible Rollover Product (minimum amount \$1,500).
(Please also complete an Application to Purchase form available in the Flexible Rollover Product PDS.)

I wish to roll over my benefit into another complying super fund. *(Please complete section 4)*

I wish to receive my Non Preserved benefits (if any) and roll over my Preserved benefits.
(Please provide the required proof of identity documents and complete section 4 and section 5.)

Total and permanent disablement

I wish to apply for my entitlement on the grounds of total and permanent disablement.

Either you or your employer must have obtained approval from the Super SA Board BEFORE your employment is terminated.

– You must also complete a Claim for Disablement Entitlements form.

– You are responsible for any doctor's fees charged for the completion of the medical report section of the **Claim for Disablement Entitlements** form.

With the prior approval of the Super SA Board I have terminated, or intend to terminate, my employment due to my disability:

I wish to have my benefit paid directly to me.
(Please provide the required proof of identity documents and complete section 5.)

I wish to roll over my benefit into the Super SA Flexible Rollover Product (minimum amount \$1,500).
(Please also complete an Application to Purchase form available in the Flexible Rollover Product PDS.)

I wish to roll over my benefit into the Super SA Income Stream (minimum amount \$30,000).
(Please also complete an Application to Purchase form available in the Super SA Income Stream PDS.)

I wish to roll over my benefit into another complying super fund.
(Please complete section 4)

I wish to roll over part of my benefit into another complying super fund and receive the remaining balance (net of tax).
(Please provide the required proof of identity documents and complete sections 4 and 5)

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4. Request to roll over a benefit to another complying super fund

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

If you wish to roll over your benefit to more than one fund, please attach the relevant documentation to this application.

Name of fund

Member number

Fund ABN

Rollover fund USI

If you wish to roll over your entitlement to more than one fund, please attach the relevant documentation to this application.

I wish to transfer to my Self Managed Super Fund (SMSF).

Name of SMSF

SMSF ABN

Electronic Service Address (ESA)

SMSF bank details (please attach a copy of your most recent SMSF bank statement)

Account name

BSB number

Account number

Split payment details

If you wish to transfer a portion of your entitlement and have the remaining balance paid directly to your bank account, please enter the amount to be transferred to the fund listed above. Any remaining amount will be paid directly to the bank details listed in section 5.

Amount to be transferred to other super fund (section 4) \$

5. Payment details

Where would you like us to pay your entitlement?

Bank Details (please attach a copy of your most recent bank statement)

Account name (account holder name)

BSB number

Account number

When completing your account details above, please use numbers only. Characters and symbols will not be recognised. For more information, contact your financial institution.

! **Important:** If you wish to nominate a bank account for your benefit to be paid to, we require you to provide a bank statement (e.g. printed statement or online statement from a bank or credit union) for the account. These statements need to be current (i.e. less than 12 months old) and must show your BSB, account number and your full name on the account.

Please note payments cannot be made to third party accounts, credit cards or overseas accounts. Super SA does not accept responsibility for rejection of transfer due to incorrect account details being provided by you.

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6. Proof of identity

If you are applying for all or part of your entitlement to be paid directly to you, you must provide us with certified Proof of Identity together with your application.

Super SA must be able to verify your name and either your date of birth or residential address from:

- an original document
- a certified copy
- a certified extract from an original copy

Documents may be either:

- a primary photographic identification document (such as a current driver's licence or Australian passport), or
- both a primary non-photographic identification document (such as a birth certificate or citizenship certificate) and a secondary identification document (such as a Tax notice assessment or council rates).

Documents can be certified by authorised persons such as a Justice of the Peace or a police officer. If you would like to provide original documents please bring them to the Super SA Member Centre. We will sight the documents and take a photocopy for our records and return the originals to you immediately.

If you are overseas, you need to have your documents certified by an Australian consular officer, an Australian diplomatic officer or you should contact Super SA for alternative arrangements.

For more information see the Proof of Identity fact sheet, available on the Super SA website.

7. Member declaration

I certify that the details supplied on this form are true and correct. I understand that once my payment has been made I will not be able to change my instructions.

Signature



Date

D D / M M / Y Y Y Y

Contact us

EMAIL supersa@sa.gov.au

POST GPO Box 48, Adelaide SA 5001

WEBSITE supersa.sa.gov.au

PHONE (08) 8214 7800

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