

# Application for resignation or dismissal benefit

## Notes for member

### Use this form ...

if you are a member of the Police Superannuation Scheme (PSS) and you have resigned or been dismissed from your employment.

### Before you fill in this form

Please read PSS Fact Sheets No. 7, *Resignation/Dismissal benefit and voluntary benefit deferral* and No. 8, *Basic Benefit*.

### How to apply

**You must fill in sections 1 to 6 of this form.**

These sections tell the administrator, Pillar Administration, what you want to do with your superannuation benefit when you resign or are dismissed.

**Your employer must fill in section 7, the *Employer's Declaration*.** If this is not filled in when you receive the form, please give it to your employer to complete when you have filled in sections 1 to 6.

### Options for payment of benefits

#### PSS benefit

The PSS benefit is your cash termination benefit. It can be deferred, rolled over or paid directly to you. *It is important to note that the value of the deferred benefit may be considerably higher than the withdrawal benefit that is immediately payable.*

#### Basic Benefit

The Basic Benefit is a lump sum that can be deferred or rolled over. As the Basic Benefit is generally subject to compulsory preservation we normally defer this benefit in PSS until you reach the Commonwealth Preservation Age (currently age 55). However, you may be entitled to have the benefit paid earlier. Read *Basic Benefit*, PSS Fact Sheet No. 8 to find out if you are entitled to payment now.

### Giving your tax file number

If you have not already supplied us with your tax file number (TFN), you should consider doing so now, before your benefit is paid out or rolled over. You do not have to supply your TFN, but if you don't supply it then Pay As You Go (PAYG) tax will be deducted from your benefit at a higher rate than is otherwise necessary. (Any additional tax that is initially deducted may be refunded by the Australian Taxation Office when they assess your next tax return.)

To supply your TFN to us, ask Customer Service for a *Tax file number collection* form to complete and send it to us along with this form.

### Your privacy

The information you provide in this form is collected by and held for State Super by the fund administrator, Pillar Administration, in accordance with the *Privacy and Personal Information Protection Act 1998*, under which you have rights of access and correction. For further information about privacy, contact Pillar by writing to PO Box 1229, South Coast Mail Centre NSW 2521 or visit [www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au)

### If you need help with this form

Contact Customer Service

phone **1300 130 097**  
(for the cost of a local call unless you  
are calling from a mobile or pay phone)

email [enquiries@stc.nsw.gov.au](mailto:enquiries@stc.nsw.gov.au)

## 1 Your personal details

Title (*Mr Mrs Ms Miss Dr*)

Birth date

DD	MM	YY
/	/	

Family name

Given name/s

Postal address (*please include postcode*)



Suburb, Town, City

Postcode

Daytime contact telephone number

Email address

Member number

Registered number

## 2 What do you want to do?

### PSS benefit

*Mark one box with a cross*

- Defer it (go to Section 4 to give us your instructions for your Basic Benefit)
- Roll over the whole amount (go to Section 3)
- Roll over this part of it:

\$	<input type="text"/>
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and pay the rest directly to me (go to Section 3)

### 3 How do you want your PSS benefit to be paid?

#### Direct cash payment details \*

How do you want us to pay you the money?

Post a cheque to my home address.

or

Pay direct into this \*account:

Account name

BSB number

Account number

Name of bank/building society/credit union

Address of bank/building society/credit union

Suburb, Town, City

Postcode

\* Direct crediting is not available on a full range of accounts, or for all building society and credit union accounts. To confirm whether this facility is available, please check with your financial institution.

#### Rollover details

Who do you want to roll over your benefit to?

Name of chosen rollover fund

Cheque payee (if different from fund name)

Postal address of chosen rollover fund

Suburb, Town, City

Postcode

Contact name at chosen rollover fund (if known)

If you want to roll over to more than one superannuation fund, approved deposit fund, annuity organisation or retirement savings account, please attach a list showing the name, address, and details as set out above for the other/s, and give amount/s to be rolled over to each.

### 3 How do you want your PSS benefit to be paid? (cont.)

Please provide the following details about your chosen rollover fund.

A) 1) Superannuation Product Identification Number (SPIN)

or

2) Your Member Account Number (in your rollover fund)

And

1) Australian Business Number (ABN) of chosen rollover fund

or

2) Superannuation Fund Number (SFN) of chosen rollover fund

To avoid delay in the payment of your benefit please complete a box in both (A) and (B) above. This information is required under Commonwealth tax provisions. It can be obtained directly from your chosen rollover fund. The SFN or ABN may also be obtained from the Australian Prudential Regulation Authority (APRA) website [www.apra.gov.au](http://www.apra.gov.au)  
Go to Section 4

### 4 Basic Benefit

Mark one box with a cross

I wish to defer my Basic Benefit

or,

I wish for my Basic Benefit to be rolled over

#### Rollover details

Who do you want to roll over your benefit to?

Name of chosen rollover fund

Cheque payee (if different from fund name)

Postal address of chosen rollover fund

Suburb, Town, City

Postcode

Contact name at chosen rollover fund (if known)

If you want to roll over to more than one superannuation fund, approved deposit fund, annuity organisation or retirement savings account, please attach a list showing the name, address, and details as set out above for the other/s, and give amount/s to be rolled over to each.

#### 4 Basic Benefit (cont.)

Please provide the following details about your chosen rollover fund.

- A) 1) Superannuation Product Identification Number (SPIN)

or

- 2) Your Member Account Number (in your rollover fund)

- And 1) Australian Business Number (ABN) of chosen rollover fund

or

- 2) Superannuation Fund Number (SFN) of chosen rollover fund

To avoid delay in the payment of your benefit please complete a box in both (A) and (B) above. This information is required under Commonwealth tax provisions. It can be obtained directly from your chosen rollover fund. The SFN or ABN may also be obtained from the Australian Prudential Regulation Authority (APRA) website [www.apra.gov.au](http://www.apra.gov.au)

#### 5 How do you want to pay your Surcharge Debt Account (if applicable)?

If you have a Surcharge Debt Account, you have two options as to how to pay this amount:

- You can have the amount of the Surcharge Debt Account deducted from your Basic Benefit (before payment), or
- you can pay the amount of the Debt Account to the scheme as a voluntary payment.

The Surcharge Debt Account must either be deducted from the Basic Benefit or a voluntary payment made before any benefit is paid from the scheme.

Please note that if you do not select any of the two options, the amount of the Surcharge Debt Account will be deducted from your Basic Benefit (before payment).

Please select one of the following options. mark one of the boxes with a cross

Please deduct the amount of my Surcharge Debt Amount from my Basic Benefit (before payment).

I wish to pay the amount of my Surcharge Debt Account to the scheme as a voluntary payment. I have attached a cheque for the required amount to this form.

#### 6 Applicant: please sign here

I declare that the information I have given is correct.

Signature

Date

#### What to do next

Has the employer completed section 7 of this form?

If **yes**, attach any necessary documents and send the completed form to: **Pillar Administration, PO Box 1229, Wollongong DC NSW 2500**

If **no**, give this form to the employer to complete section 7.

#### 7 Employer's declaration

Employee's family name

Given name/s

Registered number

Superannuation number

Birth date

Date of exit

Attributed full-time salary

Full-time  Part-time

The member  resigned  was dismissed\*.

\* We do not need to be given dismissal details until after any appeal proceedings have been finalised.

I declare that the information I have given is correct.

Signature of authorising officer

Name of authorising officer (please PRINT)

Date

Daytime contact telephone number

#### What to do next

Has the member completed sections 1 to 6 of the form?

If **no**, give this form to the member to complete sections 1 to 6.

If **yes** (unless the member asked you to return it to them), send it to Pillar Administration PO Box 1229 Wollongong DC NSW 2500.