



Application for retirement benefit

Notes for member

Use this form ...

if you are a member of the Police Superannuation Scheme (PSS) and you have retired from your employment at age 55 or over.

Before you fill in this form

Please read PSS Fact Sheets No. 3, *Benefits on normal retirement*, or No. 4, *Benefits on early voluntary retirement*, and No. 8, *Basic Benefit*.

How to apply

You must fill in sections 1-2, either 3 or 4, 5, 6 if applicable and 7, of this form.

These sections tell the administrator, Pillar Administration, what you want to do with your superannuation benefit when you retire.

Your employer must fill in section 8, 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 7.

Options for payment of benefits

PSS benefit

You may either defer your benefit, OR take a pension or commute (exchange) all or part of your pension to a lump sum.

The earliest date an election to commute your pension to a lump sum may be made is not more than 12 months before your intended last day of service. Any amending election after that time must be made on another application form and sent or delivered to Pillar Administration.

The latest date an election to commute may be made is 6 months after your last day of service on retirement.

Delay in actual payment of the lump sum can be avoided by submitting your application at least 4 weeks before retirement.

Basic Benefit

The Basic Benefit is a lump sum that can be deferred or rolled over. If you have reached the Commonwealth Preservation Age (your preservation age is noted on your Annual Statement) and retired permanently from the workforce, you are entitled to have the Basic Benefit paid directly to you.

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, however 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 Administration by writing to PO Box 1229, Wollongong NSW 2500 or visit 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

1 Your personal details

Title (*Mr Mrs Ms Miss Dr*)

Birth date

Family name

Given name/s

Postal address (*please include postcode*)

Suburb, Town, City

Postcode

Daytime contact telephone number

Superannuation number

Registered number

2 What do you want to do with your PSS benefit?

Mark one box with a cross



You may:

- Defer your PSS benefit.
go to Section 5 to apply for your Basic Benefit.
- Take all of your benefit as a pension.
go to Section 3
- Take all of your benefit as a lump sum.
complete Section 2A below and then go to Section 4
- Take part pension and part lump sum.
complete Section 2A below and then go to Sections 3 and 4

2A Election to commute (exchange)

- I want to give up the whole of my pension and take a lump sum instead OR
- I want to keep a fortnightly pension of:
\$
and take the balance as a lump sum OR
- I want to take a lump sum of:
\$
and keep the balance as a pension.

3 I wish to be paid a pension

Complete this section **only** if you decide to take a pension. Cross this page out if it is not applicable to you.

3A For payment of a pension: account details

Pension payments can only be made by direct credit *
to an account you nominate at a financial institution.

Account name

BSB number

Account number

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

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.

3B Spouse/de facto partner details (where applicable) †

Please complete this part only if you are married
or living in a de facto relationship. De facto partner may
include a partner of the same sex.

Spouse's/partner's family name

Spouse's/partner's given name/s

Spouse's/partner's address (if different from yours)

Suburb, Town, City

Postcode

Spouse's/partner's
date of birth

| | | |
|----|----|----|
| DD | MM | YY |
| / | / | |

Spouse's/partner's
place of birth

Date of marriage

| | | |
|----|----|----|
| DD | MM | YY |
| / | / | |

Place of marriage

If you are not married
but are living together in
a de facto relationship:

Date of commencement

| | | |
|----|----|----|
| DD | MM | YY |
| / | / | |

3C Authority for deductions from pension

Please deduct the following payments from my pension
payments until further notice in writing.

Health insurance premiums

Pillar Administration can forward payments to one of
the following: Australian Health Management Group,
HCF, Manchester Unity Health Fund, MBF,
Medibank Private, NIB, R & T Health Fund.

I authorise Pillar Administration to deduct health
insurance contributions from my pension each
fortnight and to forward deductions to my health
fund:

Name of fund (must be from the list above)

Registered no.

Table (plan)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Fortnightly amount

| |
|-------------------------|
| \$ <input type="text"/> |
|-------------------------|

Subscriptions

Police Association of NSW (Associate Member)
fortnightly amount

| |
|-------------------------|
| \$ <input type="text"/> |
|-------------------------|

Retired Police Association
fortnightly amount

| |
|-------------------------|
| \$ <input type="text"/> |
|-------------------------|

Police Credit Union

Credit my account at the Police Credit Union

Account name

BSB number

Account number

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Fortnightly amount

| |
|-------------------------|
| \$ <input type="text"/> |
|-------------------------|

† These details may help Pillar Administration to determine if any
spouse entitlement exists in the event of your death. However,
any such determinations will be made in accordance with scheme
legislation at the time.



4 For payment of a lump sum: How do you want to be paid?

(please tick one of the following boxes)

- Rollover the whole amount: (see Section A)
- Pay the whole amount directly to me. (see Section B)
- Rollover this part of it: (see Section A)

\$

Including this amount of undeducted contributions:

\$

and pay the rest directly to me. (see Section B)

Section A Rollover details

Where do you want your benefit rolled over 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 rollover to more than one superannuation arrangement, 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.

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

B) 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 legislation. 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

Section B Direct cash payment details

How do you want us to pay you the money?

Post a cheque to my home address.

or

Pay directly 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.

5 What do you want to do with your Basic Benefit?

If you have reached your Commonwealth preservation age (your preservation age is noted on your annual statement) and retired permanently from the workforce, you are now entitled to apply for your Basic Benefit lump sum. It can be deferred, rolled over or paid directly to you.

mark one box with a cross

I request that my benefit be deferred.

or

I request that my benefit be paid.
(complete section below)

mark one box with a cross

I request rollover of the whole amount of my Basic Benefit (see Section a below).

I have reached the Commonwealth preservation age and retired permanently from the workforce. I wish to apply for payment of my Basic Benefit directly to me. (See Section b).

Section a Rollover details

Where do you want your benefit rolled over 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 rollover to more than one superannuation arrangement, 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.

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

B)

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 legislation. 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

Section b Direct cash payment details

How do you want us to pay you the money?

Post a cheque to my home address.

or

Pay directly 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

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

If you have a Surcharge Debt Account, you have three 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
- it can be deducted from your PSS Benefit, whether pension or lump sum (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 a 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 three 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).
- Please deduct the amount of my Surcharge Debt Account from my PSS 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.

7 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 8 of this form?

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

If **no**, give this form to the employer to complete section 8.

8 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

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 7 of this form?
If **no**, give this form to the member to complete sections 1 to 7.

If **yes** (unless the member asked you to return it to them), send it to:

Pillar Administration PO Box 1229 Wollongong NSW 2500