

Election by invalidity pensioner to commute (exchange) pension to a lump sum on 60th birthday

Notes for member

Use this form ...

if you are a member of the Police Superannuation Scheme (PSS) and your application for payment of an invalidity pension has been approved.

You can apply to commute (exchange) your pension to a lump sum any time after you reach 59 years and 6 months of age. The change will apply from your 60th birthday.

You cannot apply after you reach 60 years and 6 months.

Before you fill in this form

Please read PSS Fact Sheet No. 5, *Invalidity retirement (medical discharge)*.

How to apply

You must fill in sections 1 to 3 of this form.

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

Options for payment

You may commute (exchange) all of your pension (but not part of it) to a lump sum, and either roll it over or have it 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, 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 Administration by writing to PO Box 1229 Wollongong DC 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

DD	MM	YY
/	/	

Family name

Given name/s

Postal address (*please include postcode*)

Suburb, Town, City

Postcode

Daytime contact telephone number

Email address

Superannuation number

Registered number

please turn over ►

2 How do you want 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 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.

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)

Amount to be rolled over

If all of the benefit is to be rolled over, write ALL.

Rollover details (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

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

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 Your signature

I declare that the information I have given is correct.

Signature

Date

What to do next

Please send the completed form to:

**Pillar Administration PO Box 1229
Wollongong DC NSW 2500**