

# Directions for payment of an invalidity pension benefit

## 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.

### How to apply

**You must fill in all the applicable sections of this form including section 7.**

These sections tell the administrator, Pillar Administration, how you want your pension to be paid.

### Basic Benefit

The Basic Benefit is a lump sum that can be rolled over. If you have reached the Commonwealth Preservation age (between 55–60) and retired permanently from the workforce you are entitled to apply to have the Basic Benefit paid directly to you.

If you have 2 certificates from qualified medical practitioners, stating that you are suffering from a medical condition that means you are likely to be unable to ever be employed in a capacity for which you are reasonably qualified by education, training or experience you can also apply to have the Basic Benefit paid directly to you.

### 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)

### Your privacy

The information you provide in this form is collected by and held for State Super by the fund administrator, Pillar Administration (Pillar), in accordance with the *Privacy and Personal Information Protection Act 1998*, under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies. For further information about privacy, contact Pillar Administration by writing to PO Box 1229 Wollongong DC NSW 2500.

### 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.

## 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

Superannuation number

Registered number

## 2 Spouse details (where applicable)

Please complete this part only if you are married or living in a de facto relationship. It may help us to determine whether any spouse entitlement exists.

Spouse's family name

Spouse's given name/s

Spouse's address (if different from yours)

Suburb, Town, City

Postcode

Spouse's date of birth

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

Spouse'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 |
| /  | /  |    |

### 3 Account details for payment of your pension

Pension payments can only be made by direct credit \* to your account at your nominated financial institution.

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.

### 4 Authority for deductions from pension \*

Please deduct the following payments from my pension payments until further notice in writing. I understand that this authority will continue until I write to Pillar Administration to change or cancel it.

Mark appropriate box(es) with a cross

#### Health insurance premiums

Pillar Administration can only forward payments to one of the following: Australian Health Management Group, HCF, MBF, Manchester Unity Health Fund, 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)

Fortnightly amount

### 4 Authority for deductions from pension \* (cont.)

#### Subscriptions

Police Association of NSW (Associate Member) fortnightly amount

Retired Police Association fortnightly amount

#### Police Credit Union

Credit my account at the Police Credit Union

Account name

BSB number

Account number

Fortnightly amount

\* Other than any income tax instalments, deductions will not be made unless this authority is completed.

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

The Basic Benefit is a lump sum that can be rolled over. If you have reached the Commonwealth Preservation age (between 55–60, check your annual benefit statement) and retired permanently from the workforce you are entitled to apply to have the Basic Benefit paid directly to you.

mark one box with a cross

- I wish to rollover the whole amount of my benefit (see Section a)
- or,**
- I have reached the Commonwealth Preservation age and retired permanently from the workforce. I wish to apply for payment of the benefit directly to me. (see section b over page)
- or,**
- I have attached 2 certificates from qualified medical practitioners stating that I am suffering from a medical condition that makes it likely that I will be unable ever to be employed in a capacity for which I am reasonably qualified by education, training or experience. Pay the whole amount directly to me (see Section b over page)

## Section a 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)

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 your chosen rollover fund

**or**

2) Superannuation Fund Number (SFN) of your 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)

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.

## 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 direct into my 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.

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

If you have a Surcharge Debt Account, you have three (3) options on ways 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 pension 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 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 Account from my Basic Benefit (before payment).

Please deduct the amount of my Surcharge Debt Account from my PSS pension 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 Your signature

I declare that the information I have given is correct.

Signature

Date

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

## What to do next

Send the completed form to:

**Pillar Administration PO Box 1229**

**Wollongong DC NSW 2500**