



# Application for disengagement benefit

## Notes for member

### Use this form ...

if you are a member of the Police Superannuation Scheme (PSS) and:

- are aged at least 45 and less than 55,
- have at least 20 years equivalent full-time service in the Police Service and
- have accepted an offer from the Commissioner of Police to exit from the Police Service with a disengagement benefit from the PSS.

(Note: the PSS disengagement benefit is a gratuity based on the lump sum benefit you could have received on retirement at age 55, discounted for the period between your actual date of exit and age 55).

### How to apply

**You must fill in sections 1 to 4 of this form.**

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

**Your employer must fill in section 5, 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 4.

### Options for payment of benefits

#### PSS benefit

The PSS benefit is your disengagement benefit. It can be deferred, rolled over or paid directly to you.

For information about the conditions applying to the deferral option please refer to your disengagement offer documents or contact Customer Service.

#### Basic Benefit

Because the Basic Benefit is generally subject to compulsory preservation we normally defer this benefit in PSS until you reach your Commonwealth Preservation Age (your preservation age is noted on your annual statement). 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, Wollongong DC NSW 2500 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

Superannuation number

Registered number

## 2 What do you want to do?

### PSS benefit

Mark one box with a cross

- Defer it
- Roll over the whole amount
- Roll over this part of it:

and pay the rest directly to me

- Pay it directly to me

### Basic Benefit (if applicable)

Mark one box with a cross

- Defer it
- Roll over the whole amount

### 3 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 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)

Membership number in 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 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

**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 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)

### 4 Applicant: please sign here

I declare that the information I have given is correct.

Signature

Date

DD	MM	YY
/	/	

### What to do next

Has the employer completed section 5?

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 5.

## 5 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 has accepted an offer from the Commissioner of Police to exit from the Police Service and receive a disengagement benefit from the PSS.

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 4 of the form?

If **no**, give this form to the member to complete sections 1 to 4.

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