



Chief or Senior Executive Officer — your choice about your existing accrued contributory benefit and Basic Benefit

Notes to executive officer

Use this form ...

to advise STC about what you want to do with accrued benefits from your existing scheme.

Do not use this form ...

if you are continuing your existing membership of the State Superannuation Scheme (SSS), or State Authorities Superannuation Scheme (SASS), or Police Superannuation Scheme (PSS).

What to do

- Complete sections 1 to 5.
- Give the form to your employer who should complete sections 6 and 7, and return the form to you.
- Return the completed form to STC (ensure your employer has completed sections 6 and 7).

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. For further information about privacy, contact Pillar by writing to PO Box 1229, Wollongong DC NSW 2500 or visit www.statesuper.nsw.gov.au

Notes to employer

What to do

- Complete sections 6 and 7 *only* on the next page.
- Return the form to the scheme member for them to complete and return to STC.

Date of birth confirmed

Cross the Yes box next to *Birth date* if you have seen an original or a *certified** copy of any of these documents:

- birth certificate or birth card, or
- passport, or
- certificate of Australian citizenship, or
- certificate of evidence of Australian residency, or
- current RTA photo driver's licence.

If you have not seen any of these documents, cross the *No* box.

*Certified means the document has been sighted by a Justice of the Peace or a solicitor and they have certified on a copy of the document that it is a true and complete copy of the original.

**Please see Benefit details,
(section 6 over the page)**

1 Your personal details

Member or payroll number

Previous scheme (cross one box)

SSS SASS PSS

Name of employer

Title (eg Mr Mrs Ms Miss Dr)

Birth date

DD	/	MM	/	YY
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Family name

Given name/s

Postal address (please include postcode)

Suburb, Town, City

Postcode

Daytime contact telephone number

Email address

2 Your choice

Mark one box with a cross.

I elect to:

- defer my accrued contributory benefit in my existing scheme (now go to section 4)
- rollover my accrued contributory benefit and Basic Benefit to First State Super (FSS) (now go to section 4)
- rollover my accrued contributory benefit to FSS and rollover my Basic Benefit into another complying superannuation fund, Approved Deposit Fund or approved annuity (now go to section 3).



Executive officer transfer details

3 Rollover details (if you want to rollover Basic Benefit to a fund other than FSS)

Roll over my Basic Benefit to:

Name of rollover fund

Cheque payee (if different from fund name)

Contact name (if known)

Postal address of rollover fund (please include postcode)

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

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

or

To avoid delay in the payment of your benefit please complete 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) web site www.apra.gov.au

4 Please sign here

Signature of member

Date

5 What to do next

- Ask your employer to complete the rest of this form and return it to you.
- When your employer gives the form back to you, please send the completed form to:

State Super
PO Box 1229
Wollongong DC NSW 2500

6 Benefit details (employer to complete)

For SSS, SASS and PSS members:

Birth date

Confirmed?

Yes No

Date employee became executive officer

Nominated superable salary

Date to which contributions have been deducted

For SSS members only:

Amount deducted from salary since 30 June which last preceded the date above for

Normal contributions

Reserve unit contributions

7 Please sign here (employer to sign)

I certify that the above particulars are correct.

Signature of authorised officer

Name (please PRINT)

Date

Return this form to the scheme member to send to Pillar.