

Public Service Senior Executives and Police Service Executives - Your Choice about your Existing Accrued Contributory Benefit and Basic Benefit

Notes to Public Service Senior Executives and Police Service Executives

Use this form....

- if you are a Public Service Senior Executive or a Police Service Executive; and
- you wish to advise State Super 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); or
- you are a Health Service Executive or a Transport Service Executive - you do not have an option to defer or rollover your benefit.

What you need to do

- Complete sections 1 to 5.
- Your employer must complete sections 6 and 7.
- Return the completed form to State Super, PO Box 1229, Wollongong NSW 2500.

Notes to employer

What you need to do

- Complete sections 6 and 7 *only*.
- Return the form to the scheme member.

1 Your personal details

Member number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Previous scheme

SSS SASS PSS

Name of employer

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mr/Mrs/Ms/Miss

Male

Female

Birth date (DD-MM-YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Given name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Family name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mark one box with a cross.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **SASS** 1300 130 095 or **SSS** 1300 130 096 or **PSS** 1300 130 097 or email **enquiries@stc.nsw.gov.au**

1 Your personal details (continued)

Residential address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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State/Territory

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal address (if different from residential address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Suburb

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State/Territory

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Work or Home

Daytime contact telephone number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2 Your choice

I elect to:

Mark one box with a cross.

defer my accrued contributory benefit in my existing scheme (*now go to section 4*)

rollover the full benefit to the superannuation fund below (*now go to section 3*).

3 Rollover details

Name of rollover fund

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal address

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Suburb

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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State/Territory

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

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Unique Superannuation Identifier (USI) (not applicable for transfers to SMSF's)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Australian Business Number (ABN)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your member account number in rollover fund

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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To avoid delay in the payment, please complete all rollover details above. This information is required under Commonwealth tax provisions and can be obtained directly from the rollover fund. The ABN may also be obtained from the Australian Prudential Regulation Authority (APRA) website www.apra.gov.au

Note: If you intend to rollover to more than one superannuation arrangement, please copy this page and complete details for each rollover.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on [SASS 1300 130 095](tel:1300130095) or [SSS 1300 130 096](tel:1300130096) or [PSS 1300 130 097](tel:1300130097) or email enquiries@stc.nsw.gov.au

4 Please sign here

Name (Print in BLOCK LETTERS)

Signature of member

Date (DD-MM-YYYY)

5 What you need to do next

- Ask your employer to complete sections 6 and 7 and return the form to you.
- Please send the completed form to:
State Super
PO Box 1229
Wollongong NSW 2500

6 Benefit details - Employer to complete

For SSS, SASS and PSS members:

Birth date (DD-MM-YYYY)

Confirmed?

Yes No

Date employee became executive officer (DD-MM-YYYY)

Nominated superable salary

\$

Date to which contributions have been deducted (DD-MM-YYYY)

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.

Name (Print in BLOCK LETTERS)

Signature of authorised officer

Date (DD-MM-YYYY)

Return this form to the scheme member to send to State Super.

If you need help with this form

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Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Mercer Administration Services (Australia) Pty Ltd, in accordance with STC's Privacy Statement, the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (NSW)*, under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies and third parties.

For further information about privacy, contact Mercer by writing to:

PO Box 1229
Wollongong NSW 2500

or visit

www.statesuper.nsw.gov.au

ABN 29 239 066 746
SPIN SAS0101AU

8. Proof of identity

Proof of identity is only required if your application is for the rollover of any part of your benefit to a Self Managed Super Fund (SMSF).

Note – You are **not required** to provide proof of identification if you are applying to rollover your entire benefit (including your basic benefit) to a complying superannuation fund, other than a self managed superannuation fund (SMSF). If your entire benefit is being transferred to a complying superannuation fund (other than a SMSF) we are able to verify your identity through the Australian Taxation Office (ATO) using their Super TFN Integrity Check (Super TICK) service. In the event that Super TICK is unavailable or if the records we hold do not match the ATO records – identity documents may be required. Identity documents will still be required for rollovers to a SMSF.

See below for acceptable certified documents which must be submitted with your application if required.

Either

One of the following certified documents:

- Current Australian State or Territory drivers licence containing a photograph of the person, or
- Australian Passport, or
- Current card issued under a State or Territory law for the purpose of providing a person's age containing a photograph of the person, or
- Current foreign passport or similar travel document containing a photograph and the signature of the person*

OR

One certified document from each of the following groups:

Group 1

- An Australian birth certificate or birth extract issued by a State or Territory
- Citizenship certificate issued by the Commonwealth

- Current pension card issued by Centrelink that entitles the person to financial benefits

Group 2

- Notice issued by the Commonwealth or a State or Territory government within the preceding 12 months that records the provision of financial benefits to you, i.e., a letter from Centrelink.
- Notice issued by the Australian Taxation Office within the past twelve months that contains your name and residential address and records an amount payable to or by you, i.e., your last tax assessment.
- Notice issued by a local government body or utilities provider within the past three months showing the provision of services to you and your current residential address, i.e., water, gas or electricity bill, rates notice.

* Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

Change of name

Make sure that proof of change of name is also provided if your current name is not the same as the name on these documents, e.g. Change of name certificate, or deed poll document. If your name has changed on marriage, a marriage certificate issued by the Registry of Births, Deaths and Marriages is required; ceremonial marriage certificates are not acceptable.

† Certified means that all copied pages of original proof of identity documents or change of name documents have been certified as true copies by an individual approved to do so. Persons who are authorised to certify documents must sight the original and the copies and make sure both documents are identical, then make sure that all copies are certified as true copies by writing or stamping 'certified true copy' followed by the individual's signature, printed name, qualification and date.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on [SASS 1300 130 095](tel:1300130095) or [SSS 1300 130 096](tel:1300130096) or [PSS 1300 130 097](tel:1300130097) or email enquiries@stc.nsw.gov.au

8. Proof of identity *continued*

If you are in Australia

The following persons are eligible to certify copies of original documents:

- Australia Post Permanent Employee or Agent (who is currently employed with the post office and has at least two continuous years of service or is in charge of supplying postal services to the public)
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank Officer, Building Society Officer or Credit Union Officer (with two or more years of continuous service)
- Chiropractor
- Commissioner for Affidavits or Declarations
- Court Officer: Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- Dentist
- Fellow of the National Tax Accountants' Association
- Finance Company Officer (with two or more years of continuous service with one or more finance companies)
- Justice of the Peace
- Legal practitioner
- Marriage celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- Medical practitioner
- Member of Chartered Secretaries Australia
- Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)
- Member of Engineers Australia (other than at the grade of student)
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force (who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of Religion (registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- Notary Public
- Nurse
- Optometrist
- Officer with, or a credit representative of, a holder of an Australian credit licence, having two or more years of continuous service with one or more licensees
- Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees
- Patent attorney
- Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Pharmacist
- Physiotherapist
- Police Officer, Sheriff's Officer or Sheriff
- Psychologist
- Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)
- Teacher employed on a full-time basis at a school or tertiary education institution
- Trade marks attorney
- Veterinary surgeon

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8. Proof of identity *continued*

If you are outside Australia

The following people are eligible to certify copies of original documents outside of Australia:

- consular staff at an Australian Embassy, High Commission or Consulate
- a public notary or other person authorised to administer an oath or affirmation or to authenticate documents in the country you are visiting or living in.

The professions listed under **If you are in Australia** can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certified outside Australia, the certifier must quote their registration number or the relevant law that qualifies them to authenticate your documents.

If you need help with this form

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