

Application for Payment of a SASS Benefit

Please print clearly in black ink.

Notes to members

Use this form...

- ▶ Use this form to receive payment and/or rollover a SASS and/or SANCS benefit. The SANCS benefit is made up of the basic benefit and, if eligible, the additional employer contribution (AEC) account and Commonwealth Government co-contributions.

Do not use this form...

- ▶ If you are applying for payment of a benefit upon the death of a SASS contributor, please complete SASS Form 405: *Application for payment of a benefit upon the death of a SASS member.*

- ▶ If you are applying for payment of a reversionary (spouse or de facto partner) pension benefit upon the death of a SASS pensioner and you have been informed by State Super of this entitlement in writing, please complete SASS Form 407: *Application for payment of a spouse or de facto partner pension benefit on the death of a SASS pensioner.*
- ▶ If you are leaving your current employment and will be starting with another employer where you could continue your membership of SASS, you will need to apply **within two months** of starting your new employment, please complete STC Form 238: *Continuity of scheme membership.*

Notes for applicants

Important Fact Sheets to read:

SASS Fact Sheet 5: *Retirement benefit*
SASS Fact Sheet 7: *Invalidity retirement benefit*
SASS Fact Sheet 9: *Retrenchment benefit*
SASS Fact Sheet 10: *Resignation (withdrawal) benefit*
SASS Fact Sheet 13: *Optional deferred benefit*
SASS Fact Sheet 15: *Choosing an investment strategy*
STC Fact Sheet 10: *Basic benefit*

STC Fact Sheet 13: *Information about the Commonwealth Government's superannuation co-contribution and the low income superannuation tax offset*

STC Fact Sheet 20: *SANCS Additional Employer Contributions (AEC) account*

Payment options

- Any non-preserved portion of your benefit can be paid directly to you.
- Any preserved component of your benefit will need to be rolled over to another superannuation arrangement.

- Only members of older pension schemes, who were subsequently transferred to SASS, are eligible for a pension benefit. See your Annual Statement or contact Customer Service for details.
- If you are applying for an invalidity benefit, you must complete section 7.

We recommend you seek professional financial advice before making a decision.

Rolling over your benefit

If you choose to rollover any part of your benefit – it must be rolled over to a complying superannuation fund. If you choose to rollover to a self-managed superannuation fund (SMSF), payment will be made by electronic funds transfer (EFT) to the SMSF's operating bank account. You will need to provide a copy of a bank statement for the SMSF, and the bank account name will need to match the name of the SMSF. Your membership in the SMSF will also be confirmed using the ATO's SMSF membership verification system prior to processing any rollover. Should you need assistance in understanding the effect rolling over your benefit will have on your benefit entitlement or require further information, please contact Customer Service on **1300 130 095**.

If you need help with this form

Contact Customer Service between 8:30am and 5:30pm (AEST) Mon–Fri on **1300 130 095** or email enquiries@stc.nsw.gov.au.

1. Scheme member details

Last day of service (DD-MM-YYYY)	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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mr/Mrs/Ms/Miss/Dr	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"/>
Given name(s)			
<input type="text"/>			
Family name			
<input type="text"/>			
Residential address			
<input type="text"/>			
Suburb	State/Territory	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address (if different from residential address)			
<input type="text"/>			
Suburb	State/Territory	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work or Home	Daytime contact telephone number		
<input type="text"/>	<input type="text"/>		
Mobile number			
<input type="text"/>			
Email address			
<input type="text"/>			
<input type="text"/>			

Note: If you are a legal personal representative of a member who is incapable of administering their own affairs, please complete section 2.

2. If applicant is not a scheme member

My relationship to the scheme member is			
<input type="text"/>			
Mr/Mrs/Ms/Miss/Dr	Given name(s)		
<input type="text"/>	<input type="text"/>		
Family name			
<input type="text"/>			
Residential address			
<input type="text"/>			
Suburb	State/Territory	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address (if different from residential address)			
<input type="text"/>			
Suburb	State/Territory	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work or Home	Daytime contact telephone number		
<input type="text"/>	<input type="text"/>		
Mobile number			
<input type="text"/>			

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2. If applicant is not a scheme member *continued*

Email address

3. On what basis are you applying?

I have read the relevant Fact Sheet/s (see *Notes*) and meet the criteria for applying on the basis of:

Mark one box with a cross.

<input type="checkbox"/> Retirement	<input type="checkbox"/> Total & permanent invalidity	<input type="checkbox"/> Resignation or dismissal
<input type="checkbox"/> Retrenchment	<input type="checkbox"/> Partial & permanent invalidity	<input type="checkbox"/> Over age 65

If you are applying for your benefit as you are over age 65 and continuing to work, on what date are you electing to cease being a member of SASS?

Please note that you will cease being a member of SASS effective from the date you have elected below or the **date we receive your application form**, whichever is the later. If we receive your application form after your elected date, we cannot backdate your exit from SASS to your elected date.

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DD-MM-YYYY)
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4. What are you applying for?

Mark one box with a cross.

<input type="checkbox"/>	payment and/or rollover of your SASS and SANCS benefits
<input type="checkbox"/>	payment of your non-preserved component and rollover of your preserved component
<input type="checkbox"/>	payment of pension and payment or rollover of a lump sum

5. How do you want to be paid?

Please also complete the 'Lump sum payment details' section.

Rollover payment details

<input type="checkbox"/>	Rollover the full amount of the benefit
<input type="checkbox"/>	Rollover this amount of the benefit and pay the balance to me
\$	<input type="text"/>
<input type="checkbox"/>	Pay this amount of the benefit to me and rollover the balance to my rollover fund
\$	<input type="text"/>

Name of rollover fund

Postal address

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Suburb

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State/Territory

--	--	--	--

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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If you need help with this form

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5. How do you want to be paid? *continued*

Electronic Service Address (ESA)* (*only applicable for transfers to SMSF's*)

Australian Business Number (ABN)

Your member account number in rollover fund

To avoid delay in the payment of your benefit, please complete all rollover details. This information is required under Commonwealth tax legislation. It can be obtained directly from your chosen rollover fund. The ABN may also be obtained using the Super Fund Lookup service at the superfundlookup.gov.au website.

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

*An ESA is an alias that represents the uniform resource locator (URL) or internet protocol (IP) address of a messaging provider. It ensures you meet all technical requirements for interacting electronically across the superannuation network. An email address is not an ESA.

You can obtain an ESA from an SMSF messaging provider or through your SMSF intermediary such as SMSF administrator, tax agent, accountant or some banks. Many of these options are no cost or low cost.

If you choose to rollover any part of your benefit – it must be rolled over to a complying superannuation fund. If you choose to rollover to a self-managed superannuation fund (SMSF), payment will be made by electronic funds transfer (EFT) to the SMSF's operating bank account.

You will need to provide a copy of a bank statement for the SMSF, and the bank account name will need to match the name of the SMSF. Your membership in the SMSF will also be confirmed using the ATO's SMSF verification service prior to processing any rollover.

Lump sum payment details

Please note that you will need to provide a copy of an extract of your bank statement with your application that clearly shows the account name and number.

Account name (*The account must be held solely or jointly in your name if this is a payment to you, or the name of your SMSF if applicable*)

BSB number

Account number

Name of financial institution

Branch

Pension payment details

Reversionary (please also complete section 6), or

Non-reversionary

Note: *A reversionary pension has a further pension payable to an eligible spouse in the event of your death. A non-reversionary pension has no further spouse entitlement. Not all members with a pension option can elect for a non-reversionary pension. Please contact Customer Service for further information.*

If you need help with this form

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5. How do you want to be paid? *continued*

If you are electing to take only a portion of the employer financed part of your SASS benefit as a pension, please indicate the amount of fortnightly pension you wish to receive.

Pay me a fortnightly pension of this amount

\$. (leave blank if you are taking a full pension)

Pay my pension directly into this account

Please note that you will need to provide a copy of an extract of your bank statement with your application that clearly shows the account name and number.

Account name *(The account must be held solely or jointly in your name)*

BSB number

Account number

Name of bank/building society/credit union

Branch

You must complete this section if you are applying for the reversionary pension. If not, leave this section blank.

6. Spouse/partner details *(where applicable)*

Spouse/Partner's title

(Mr/Mrs/Ms/Miss/Dr)

Male

Female

Spouse/Partner's given name/s

Spouse/Partner's family name

Spouse/Partner's birth date (DD-MM-YYYY)

Spouse/Partner's place of birth

Date of marriage (DD-MM-YYYY)

Place of marriage

If you are not married but are living together in a de facto relationship

Date of commencement (DD-MM-YYYY)

The 'spouse' of a person also includes:

- another person (whether of the same or a different gender) who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.
- another person (whether of the same or a different gender) with whom the person is in a relationship that has been registered under a state or territory law dealing with the registration of certain prescribed relationships.

If you need help with this form

Contact Customer Service between 8:30am and 5:30pm (AEST) Mon–Fri on **1300 130 095** or email **enquiries@stc.nsw.gov.au**.

Complete this section only if you are applying for a benefit on the basis of invalidity.

Please cross the box that applies.

7. Invalidity benefit application

Please note that references to State Super include its administrator, Mercer.

(a) Have you been examined by medical practitioners at the request of your employer in connection with your fitness for employment?

Yes

No

(b) I enclose the following medical reports, including all reports I hold in connection with my fitness for employment arising from medical examinations referred to at 7(a):

Date of report	Name of doctor

(c) I hereby authorise any doctor who has attended or examined me, or whom I have consulted, or whom I am requested to see as part of the assessment of this application, and any organisation which holds medical reports and records concerning me, including Medibank Health Solutions, to disclose in writing to State Super all information which may be relevant to this application.

(d) I authorise my employer to release to State Super any information relating to employment, leave or workers compensation records that is requested.

(e) I consent to State Super collecting and using all such information as may be relevant to the assessment of my claim for invalidity benefits.

f) I understand that I may be required to attend an Independent Medical assessment

Signature

If you need help with this form

Contact Customer Service between 8:30am and 5:30pm (AEST) Mon–Fri on **1300 130 095** or email **enquiries@stc.nsw.gov.au**.

8. Applicant - please sign here

I have read the notes on page 1 and the relevant Fact Sheets and certify that the information given in this form is correct.

I have reviewed Section 10 - Proof of Identity and Section 11 - Electronic verification, and confirm the following (please select one or more):

I am not required to provide proof of identification as I am not receiving any part of my benefit in cash and am not rolling over any part of my benefit to a self-managed superannuation fund (SMSF)

I have provided certified proof of identity documents

If my proof of identity documents are not certified correctly, I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically.

I have provided electronic verification information in Section 11. I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically.

Note - if you provide authorisation to have your identity verified electronically but the documents are not compatible, you will need to provide certified copies of the required documents. We will contact you if this is the case.

If you are applying on the basis of age retirement and are between your preservation age and age 60, please certify the following statement by marking with a cross.

I have retired permanently from the workforce, I have no intention of seeking gainful employment in the future, and am not in receipt of or seeking unemployment benefits.

If you are applying for a retrenchment benefit, please certify the following statement by marking with a cross.

I understand that no benefit other than a retrenchment benefit can be paid to me from SASS.

Name (Print in BLOCK LETTERS)

Signature

Date (DD-MM-YYYY)

9. What to do next

Once you have completed this form, the following documents (if applicable) should be attached:

- If applying for an **invalidity benefit**,
 - enclose the medical reports you have referred to at item 7(b)
 - if you would like a tax concession and/or release of the preserved components of your benefit, two **Certificates of incapacity**, each one completed by a different medical practitioner (or you can use one form, provided that it is signed by two different medical practitioners.)
- Completed STC Form 204 *Tax File Number collection*.
- Proof of identity documents (see section 10) or electronic verification information (section 11)
- SMSF bank statement if you are rolling over your benefit to your SMSF
- If applying for a pension benefit please complete an ATO *Tax File Number declaration* form.

All forms are available from the website and Customer Service.

If you need help with this form

Contact Customer Service between 8:30am and 5:30pm (AEST) Mon–Fri on **1300 130 095** or email **enquiries@stc.nsw.gov.au**.

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 including the insurer or medical consultant who may be involved with the assessment of this application.

Personal medical information in relation to your application may also be obtained from a third party, such as a medical consultant. Access to this information may be restricted if the information that is provided poses a serious threat to your life or health.

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

GPO Box 2181
Melbourne VIC 3001

or visit

www.statesuper.nsw.gov.au

ABN 29 239 066 746
SPIN SAS0102AU

9. What to do next *continued*

Providing your Tax File Number

If you have *not already supplied* us with your Tax File Number (TFN), you should consider doing so now. Under the *Superannuation Industry (Supervision) Act 1993 (Cth)*, the Trustee of SASS and SANCS is authorised to collect your TFN, which may only be used for lawful purposes. These purposes may change in the future as a result of legislative change. It is not an offence not to quote your TFN, however tax may be deducted from any benefit paid to you at a higher rate than would otherwise be the case.

Return the completed form to

State Super (SASS)
GPO Box 2181
MELBOURNE VIC 3001

10. Proof of identity

You may need to provide certified[†] proof of identity documentation or electronic verification information with your application to prove that you are the person to whom the superannuation entitlements belong.

Proof of identity is only required if your application is for:

- the payment of any part of your benefit as a lump sum payable directly to you – including your basic benefit
- the rollover of any part of your benefit to a Self Managed Super Fund (SMSF)
- the payment of a pension benefit.

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 or electronic verification information will still be required for rollovers to a SMSF.

The following certified documents can be accepted:

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

If you need help with this form

Contact Customer Service between 8:30am and 5:30pm (AEST) Mon–Fri on **1300 130 095** or email enquiries@stc.nsw.gov.au.

10. Proof of identity *continued*

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 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

If you need help with this form

Contact Customer Service between 8:30am and 5:30pm (AEST) Mon–Fri on **1300 130 095** or email enquiries@stc.nsw.gov.au.

10. Proof of identity *continued*

- 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

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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