

Partial commutation of Hurt On Duty pension

Please print clearly in black ink.

Use this form...

- ▶ you are a member of the Police Superannuation Scheme (PSS), and
- ▶ you have a hurt on duty pension, and
- ▶ you have been offered a lump sum commutation of (ie. in exchange for) part of your pension after making an application in accordance with Fact Sheet PSS 13 *Partial Commutation (redemption) of Hurt on Duty (HOD) Invalidity Pension under Section 10C*.

How to apply

You must fill in sections 1, 2 and 4 of this form. If you decide to accept the offer, complete section 3 as well.

These sections tell the administrator, Mercer, whether you accept the offer and, if so, how you want the lump sum to be paid.

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:

- If you are under age 60, then Pay As You Go (PAYG) tax will be deducted from the taxable component of 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 once they assess your next tax return).
- We may be required to deduct additional tax on the employer contributions (including salary sacrifice contributions) made since 1 July 2007. Currently the additional tax is applied at 32%.

The Member services area of the website and your last statement shows if your TFN has been supplied. If not, then it can be supplied via the Member area of the website or by contacting Customer Service and following the prompts. Alternatively, you can request a tax file number collection form to complete and send it to us along with this form.

If you need help with this form

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

1. Your personal details

Member number

Registered number

Mr/Mrs/Ms/Miss/Dr

Male

Female

Birth date (DD-MM-YYYY)

Given name(s)

Family name

Residential address

Suburb

State/Territory

Postcode

Postal address (if different from residential address)

Suburb

State/Territory

Postcode

Work or Home Daytime contact telephone number

Mobile number

Email address

2. Decision about lump sum offer

Mark one box with a cross.

I accept

OR

I do not accept the lump sum amount of \$ which I understand has been offered by the Police Superannuation Scheme, under the governing legislation, in exchange for this amount \$ weekly, of my hurt on duty pension.

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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

3. How do you want to be paid?

Complete this section only if you have decided in Section 2 to accept the lump sum offer.

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

BSB number

Account number

Name of bank/building society/credit union

Branch

Address of bank/building society/credit union

Suburb

State/Territory

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. Please sign here

I declare that the information I have given is correct.

Name (Print in BLOCK LETTERS)

Signature

Date (DD-MM-YYYY)

Return the completed form to

State Super (PSS)
PO Box 1229
WOLLONGONG NSW 2500

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