Consolidate your Super





Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

ONLY complete this form if you have super contributions in one or more other Australian super funds and you would like to roll them into Super SA. If you are looking to consolidate from more than one fund, please complete a separate form for each fund. **Do not use this form for Self Managed Super Fund transfers.**

(!) You can also do this easily online through the Australian Taxation Office (ATO):

ount ID:		2. Log in or create an account. 3. Link your myGov account to the ATC	5. Select 'Transfe	er super' (this option will only ave more than one super account)
ı. Personal det	tails			
Title	Given Name(s	5)		
Family Name		Othe	er/previous names	
Date of birth		Contact phone number	Tax file number¹	
D D / M M /	YYYY			
Email address²				
Street address				
	1111			
Suburb			St	tate Postcode
Previous street address (if)	you know that the addre	ess held by your FROM fund is different to your cur	rent residential address, please give	details below)
Suburb			St	tate Postcode
Your email address and/or phory you with important information superannuation information. Yo	one number may be use on about your superant ou may opt out of mat	but there may be tax consequences. sed by Super SA (or an organisation on behalf of inuation. In addition, if you sign up for the mer rketing information and electronic and/or onling to so, you will still receive important account	mber portal, you will also have or ine communications by updating	nline and secure access to your
2. Your previou FROM: Fund's name (give us				
Fund phone number		Membership or account number	Australian busi	ness number (ABN)
Unique Super Identifier (US	SI) compulsory field	Superannuation P	roduct Identification Number	r (SPIN)
The USI should be listed on your fu for details. Your form may not be p			I please provide its SPIN number.	and the dellar and the
			1 leust	e specify the dollar amount



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	Super SA product you belong to. This is where your super v S^3 – ABN 40 651 037 780 / USI 40651037780001	SA Ambulance Service ³ – ABN 81 557 964 989 / USI 8155796498		
Lump	Sum ³ – ABN 27 987 187 927 / USI 27987187927002	PSS ³ – ABN 57 597 791 972		
Pensio	on ³ - ABN 27 987 187 927 / USI 27987187927001	Super SA Select ³ - ABN 98 513 958 004 / USI 98513958004001		
Flexib	le Rollover Product – ABN 11 635 839 852 / USI 11635839852001			
Note: If you v	vish to leave a specific \$ balance in your other fund then you must arrang	ge this with them. It cannot be coordinated by Super SA.		
? ³ Any am	ount rolled into these products cannot be transferred out to an	another superannuation fund until you cease State Government		
employ	ment. The rolled in amount will be subject to Commonwealth Pr	Preservation Rules.		
4. Aut	horisation			
By signing	g this request form I am making the following state	ements:		
	rledge that Super SA may verify my details with the ATO an Taxation Office) in order to process this request.	 I accept that my roll in will go into the same investment option that my current Super SA contributions are invested in. 		
	I have fully read this form and the information completed and correct.	 I request and consent to the transfer of my super as described on page 1 and authorise the super provider of each fund to give effect to this transfer. I understand that the amount transferred to Super SA is subject to Commonwealth preservation rules and that the products denoted by the footnote in Section 3 of this form cannot be rolled out of 		
fees or cl	re I may ask my super provider for information about any harges that may apply, or any other information about the is transfer may have on my benefits, and do not require ner information.			
	ge the super provider of my from fund of all further n respect of the benefits paid and transferred to Super SA.	the Super SA product to another superannuation fund until I ce State Government employment.		
Full Name				
Signature	Date	te D D / M M / Y Y Y		
	This form requires your physical signature. Digital signatures are not accept	pted. Please print, sign and return the form to us.		
All you	need to do now is provide us with your signed Conso	colidate your Super form by:		
Attyou				
	EMAIL supersa@sa.gov.au, or	POST to GPO Box 48, Adelaide SA 5001		
We'll ad	vise you when the transfer is complete.			

Return form by

EMAIL supersa@sa.gov.au, or

POST GPO Box 48, Adelaide SA 5001

Contact us

WEBSITE supersa.sa.gov.au



PHONE 1300 369 315

MEMBER CENTRE (BY APPOINTMENT ONLY) 151 Pirie St Adelaide SA 5000

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