



Australian Public Superannuation Fund

Application for Payment – Fund Exit



FORM CHECKLIST

Have you...

- Read and understood the 'Important Notes for Members' on the last page of this form?
- Checked your details, filled in any blanks and updated any incorrect information? **(Section 1)**
- Selected the basis on which you are applying for payment? **(Section 2)**
- Provided COMPLETE payment instructions? **(Section 3)**
- Provided instructions on any Undeducted Contributions in your account? **(Section 3)**
- Provided your correct bank account details, where required? **(Section 3)**
- Provided correct details of your nominated rollover fund, where required? **(Section 4)**
- SIGNED and DATED the form? **(Section 5)**
- Considered providing your Tax File Number? (Complete "Notification of Tax File Number" form)

Are you aged 55 to 59?

- If so, have you provided certified evidence of your age? **(Refer to 'Important Notes for Members')**
- Have you completed the attached 'Statutory Declaration'?
- Have you SIGNED and DATED the 'Statutory Declaration'?
- Has the 'Statutory Declaration' been witnessed by a Justice of the Peace (JP) or solicitor?

Are you aged 60 or over?

- If so, have you provided certified evidence of your age? **(Refer to 'Important Notes for Members')**

Have you remembered everything?

Please ensure that you have fully completed the form and attached any required documents.

An incomplete application will delay payment of your benefits

If you are unsure about any aspect of your application, you should contact Member Services on **1800 067 059** for assistance.



Australian Public Superannuation Fund

Application for Payment – Fund Exit

Please complete in capital letters and in BLACK INK only

You should NOT complete this form if:

- your employment with a Fund employer ceased because of invalidity. Instead you should complete an 'Application for an Invalidation Benefit' form. Please contact Member Services on 1800 067 059 for a copy of the form;

You should complete this form if:

- you have retired from the workforce;
- your employment with your APS Fund employer has terminated and you do not expect to be re-employed by another Fund employer.

Privacy: The personal information to be collected on this form is required in order to process the payment of a benefit from the Australian Public Superannuation Fund. If you do not provide this information your benefit entitlement may not be processed accurately. Your personal information will be provided to other entities which provide services to the Fund only in association with a contractual requirement that those entities abide by the Privacy Act 1988 (C'th) in the same manner as the Fund and apply the relevant aspects of the Fund's Privacy Policy or to which your benefit may be transferred. Your personal information may be accessed by or disclosed to other entities associated with the Fund so that they can provide information to you about pre-retirement, post-retirement or Fund investment services. You can access your personal information by contacting the Fund (see contact details below).

1. Your details

Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Street/PO Box no.	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		
Phone: Home no. (inc. STD/ISD)	<input type="text"/>			Business no. (inc. STD/ISD)	<input type="text"/>		
Mobile no.	<input type="text"/>			Fax no. (inc. STD/ISD)	<input type="text"/>		
E-mail address	<input type="text"/>						
Name of former Employer	<input type="text"/>						
Date employment ceased (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		

2. Basis of application

Important note: before completing this section, please read the 'Important Notes for Members' on page 3.

Please select **ONE OR MORE** of the following options:

- I wish to **hold my benefit** in the APS Fund. **Please go to section 5 'Applicant declaration'.**
- I wish to **receive payment** of all or part of my benefit. **Please go to section 3 'Payment instructions'.**
- I wish to **rollover all or part of my benefit** to a complying superannuation fund or rollover institution of my choice. **Please go to section 4 'Rollover instructions'.**

Note: if you wish to receive payment of part of your benefit and to rollover part of your benefit, please ensure that you complete both Sections 3 'Payment instructions' and 4 'Rollover instructions'.



3. Payment instructions

ONLY complete this section if you require payment in cash of part or all of your benefit.

Please tick **ONE** (1) of the following options **and complete the payment instructions** below:

I wish to receive payment of the **full** amount of my benefit, including any preserved amount. **Please ensure that you complete the attached Statutory Declaration and provide evidence of your age - see 'Important Notes for Members'.**

I wish to receive payment of the amount specified below and to hold the remaining amount in the APS Fund.

Amount to be paid including:
 all none or \$ of my Undeducted Contributions*.

I wish to receive payment of the amount specified below and to rollover the remaining amount to the complying superannuation fund or rollover institution I have nominated in section 4 'Rollover instructions'.

Amount to be paid \$ including:
 all none or \$ of my Undeducted Contributions*.

** 'Undeducted Contributions' are any personal contributions made to a superannuation Fund after 30 June 1983 on an 'after-tax' basis. As these contributions were made from salary or income which had already been subjected to income tax, they are not subject to any further tax when your superannuation benefit is paid. It is essential that you provide instructions relating to your undeducted contributions. It is also very important that you understand the potential longer term implications of the instructions you provide now. For this reason, it is recommended that you seek financial advice before sending this form to the Fund.*

Please tick **ONE** (1) of the following options **and complete the payment instructions** below:

I wish the payment to be made by cheque to me at the address I have advised in section 1 'Your details'.

I wish the payment to be made directly into my bank, building society or credit union account, as indicated below:

Name of institution	<input type="text"/>										
Name in which the account is held	<input type="text"/>										
Account number	<input type="text"/>				Branch (BSB) number	<input type="text"/>		<input type="text"/>			

4. Rollover instructions

Please complete this section ONLY if you have elected to rollover all or part of your benefit to a complying superannuation fund or rollover institution.

Please tick **ONE** (1) of the following options:

I wish to rollover my full benefit as indicated below.

I wish to rollover my **total** benefit to the Australian Public Superannuation Fund, Rollover Plan or Allocated Pension Plan.

I have requested a payment of my benefit (as advised in section 3 'Payment Instructions') and wish to rollover the remaining balance to the Australian Public Superannuation Fund, Rollover Plan or Allocated Pension Plan.

I have requested a payment of my benefit (as advised in section 3 'Payment Instructions') and wish to rollover the remaining balance as indicated below.

Name of rollover fund	<input type="text"/>										
Account no./ Member no.	<input type="text"/>				OR SPIN*	<input type="text"/>					
ABN*	<input type="text"/>				SFN*	<input type="text"/>					

* It is essential that you provide either your account/member number with the destination rollover fund OR that fund's SPIN (Superannuation Product Identification Number). It is also mandatory for you to provide the ABN (Australian Business Number) of the fund. Please also provide that fund's SFN (Superannuation Fund Number) if known. SPIN, ABN and SFN can be obtained directly from your chosen rollover fund. ABN and SFN may also be obtained from Australian Prudential Regulation Authority (APRA) website (www.apra.gov.au).

Fund's Street or PO Box no.	<input type="text"/>									
Suburb/Town/City	<input type="text"/>									
State/Territory	<input type="text"/>		Postcode	<input type="text"/>						

If you wish to rollover to more than one super fund or rollover institution, please provide the additional information in a covering letter, ensuring that you have provided all the information requested above.



5. Applicant declaration

I declare that the information contained in this form is correct.

Signed

Date (dd/mm/yyyy)

IMPORTANT NOTES FOR MEMBERS

You can elect to be paid any amount, subject to the Commonwealth preservation rules.

PRESERVATION RULES

Commonwealth provisions generally require part of your superannuation benefit to be preserved (retained in the superannuation system) until you:

- cease employment from age 60, OR
- retire permanently from the workforce on or after your preservation age (between 55 and 60); OR
- reach age 65.

Your preserved component is also payable immediately if you suffer permanent incapacity or death. See the Product Disclosure statement for more information about the preservation rules.

You will need to provide proof of age by way of a certified copy of your:

- birth certificate,
- current passport,
- current driver's licence, or
- certificate of Australian citizenship.

A 'certified' copy of a document is one which a Justice of the Peace (JP) or solicitor has sighted and signed as a true copy of the original.

Please note: payment cannot be made until all contributions have been received from your employer.

TAX

Your benefit will be subject to tax. Details of the tax that would be payable on your benefit can be obtained from Member Services.

PROTECTING YOUR PRIVACY

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. Full details of how this is achieved are contained in the Fund's Privacy Policy, which is available from Member Services or on the Fund's website at www.chifley.com.

The Attached Forms:

Important note: failure to provide these additional forms, where required, will delay your payment.

Employment Termination Advice

If your former employer has not yet provided the Fund with confirmation of your employment termination, you should ensure that this employer completes the attached 'Employment Termination Advice' form.

Note: this form is NOT required if your employment with the Fund employer ceased more than 6 months ago.

Statutory Declaration (Permanent Retirement)

If you ceased employment before age 60 and have reached your preservation age you may apply for payment of all or part of your preserved amount (see 'Preservation Rules' above). In this case it is essential that you complete the attached statutory declaration, which must be witnessed and signed by a Justice of the Peace (JP) or solicitor.

If you have not previously provided certified evidence of age to the Fund (see 'Preservations Rules' above) this should accompany the statutory declaration. It is recommended, for your convenience, that you arrange for both documents to be certified together.

You are not required to complete the statutory declaration if you ceased employment after reaching age 60. However, certified evidence of age is still required where it has not previously been provided to the Fund.

Notification of Tax File Number

If you have not already given us your Tax File Number (TFN) you should consider doing so now.

To give us your TFN, complete the attached "Notification of Tax File Number" Form and send it to us with this form.

Important note: failure to provide certified evidence of age, where required, will delay your payment.

Where to send this form/enquiries

APS Fund

GPO Box 2617

Sydney, NSW 2001

website: www.chifley.com

Phone: 1800 067 059 (toll free)

(8.30 am – 5.00 pm Mon – Fri)

Fax (02) 9279 4131





Australian Public Superannuation Fund

Statutory Declaration Permanent Retirement

Please complete in capital letters and in BLACK INK only

1. Member details

Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Street/PO Box no.	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		
Phone: Home no. (inc. STD/ISD)	<input type="text"/>			Business no. (inc. STD/ISD)	<input type="text"/>		
Mobile no.	<input type="text"/>			Fax no. (inc. STD/ISD)	<input type="text"/>		
E-mail address	<input type="text"/>						

2. Member declaration

I do solemnly declare that: (Please tick all boxes that apply)

I left employment on / /

I have attained my preservation age.

I have permanently retired from the workforce and do not intend ever to resume full-time or part-time work again.

AND I MAKE this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at

in the State of New South Wales

this (day) of (month) (year)

Signed

3. Justice of the Peace/Solicitor declaration

Before me (Justice of the Peace or Solicitor) (circle as appropriate)

Name

Signed Date (dd/mm/yyyy) / /

Please note: There are penalties for deliberately giving false or misleading information

Where to send this form/enquiries

APS Fund	Phone: 1800 800 002 (toll free)
PO Box N180	(8.30 am – 5.00 pm Mon – Fri)
Grosvenor Place NSW 1220	Fax (02) 9279 4130
website: www.chifley.com	





Australian Public Superannuation Fund

Employment Termination Advice

Please complete in capital letters and in BLACK INK only

This form is to be completed by the Employer. Please do not complete this form if employment ceased due to invalidity or death.

1. Employer details

Employer name	<input type="text"/>
Employer code	<input type="text"/>

2. Member details

Member no	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Payroll no	<input type="text"/>						
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Eligible service date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	(date employment commenced)	
Fund exit date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	(date employment ceased)	
Have all contributions for this member been paid?	<input type="radio"/> Yes		<input type="radio"/> No				
If 'No', please indicate when these are likely to be paid	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	(dd/mm/yyyy)	

3. Employer declaration

Privacy: The personal information about the employee as provided on this form to the Australian Public Superannuation fund is required by the fund to process a benefit payment for the employee.

I declare that the above information is correct:

Name of authorised person (please print)	<input type="text"/>						
Position held	<input type="text"/>						
Signed	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Contact Phone no. (inc. STD/ISD)	<input type="text"/>						

Where to send this form/enquiries

APS Fund GPO Box 2617 Sydney, NSW 2001 website: www.chifley.com	Phone: 1800 067 059 (toll free) (8.30 am – 5.00 pm Mon – Fri) Fax: (02) 9299 9321
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Australian Public Superannuation Fund

Notification of Tax File Number (TFN)

Under Superannuation Law, the Trustee must request that you supply your Tax File Number for superannuation purposes. Collection of your TFN by the Trustee is authorised by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988.

Reasons for supplying your Tax File Number to the Trustee

Completing this form and providing your TFN to the Trustee will allow it to be used for lawful purposes contained in the Superannuation Industry (Supervision) Act 1993 and for the purpose of paying out benefits from the Fund.

The purposes currently authorised include:

- having benefits which are paid from the Fund taxed at concessional rates,
- finding and amalgamating (at your request) within the Fund your superannuation benefits from other funds or RSA providers, where insufficient information is available to otherwise match your records,
- passing your TFN to the Australian Tax Office with other information for surcharge purposes or where you receive a benefit or have unclaimed superannuation money after reaching the aged pension age, and
- allowing the Trustee to provide your TFN to another superannuation fund or to an RSA provider receiving any benefits that you may transfer from the Fund.

The Trustee will not forward your TFN to any other body and your TFN will not be passed to the Trustee of any other fund or to an RSA provider if you tell the Trustee in writing that you do not want it to be passed on.

Consequences of not supplying your Tax File Number to the Trustee

You are not compelled to provide your TFN. Deciding not to quote your TFN is not an offence. If you do not provide your TFN to the Trustee either now or later:

- you or the Trustee may have to pay (and the Trustee may later recoup from you) unnecessary contributions tax (surcharge) for superannuation contributions paid in respect of you (although you/the Trustee may reclaim it via the taxation objections/surcharge assessment process),
- you may pay more tax on your superannuation benefits than you need to (you may reclaim this through the income tax assessment process), and
- the trustee of another fund or an RSA provider holding superannuation monies for you now or in the future may not be able to locate or amalgamate your benefits or be able to identify you in order to pay your benefits to you.

The lawful purposes for which your TFN can be used and the consequences of not quoting your TFN may change in the future as a result of legislative change.

1. Your details. Please complete in capital letters and in BLACK INK only

Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Street/PO Box no.	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		

2. Applicant declaration

For the purposes allowed under superannuation law:

I agree to supply my Tax File Number: - - to the Trustee.

OR

I do not wish to supply my Tax File Number to the Trustee. I understand the consequences.

Signed Date (dd/mm/yyyy) / /

PROTECTING YOUR PRIVACY

The personal information you are requested to provide is required in order to establish and maintain your membership in the Australian Public Superannuation Fund. The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. Full details of how this is achieved are contained in the Trustee's Privacy Policy, which is available from Member Services or the Fund's website at www.chifley.com.

Where to send this form/enquiries

APS Fund
GPO Box 2617
Sydney, NSW 2001
website: www.chifley.com

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