



# Australian Public Superannuation Fund

## Application for Payment While still employed



### FORM CHECKLIST

#### Have you...

- Read and understood the 'Important Notes for Members' on the back 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')**

#### Are you 65 or over?

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

#### Are you still employed by a Fund employer and wish to close your account?

- If so, have you provided the required written confirmation from your employer that future contributions will be paid to another super fund? **(Refer to Section 3)**

#### 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 While still employed

Please complete in capital letters and in BLACK INK only

This form should be completed by:

- members under age 65 who are still employed by a Fund employer, but wish to access an 'unrestricted non-preserved' amount previously rolled into Australian Public Superannuation (APS) Fund;
- members aged 65 or over who wish to access their funds, or to rollover all or part of their benefit to another fund.

Please refer to 'Important Notes for Members' for details of conditions that apply.

**Privacy:** The personal information to be collected on this form is required in order to process the payment of a benefit from the APS 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 Scheme only in association with a contractual requirement that those entities abide by the Privacy Act 1988 (C'th) in the same manner as the Scheme and apply the relevant aspects of the Scheme'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 Scheme so that they can provide information to you about pre-retirement, post-retirement or investment products. You can access your personal information by contacting the Scheme (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"/>						

### 2. Basis of application

Please tick **ONE OR MORE** of the following options.

I wish payment to be made on the basis that:

- I am under 65 years of age and:
- I wish to receive payment of the 'unrestricted non-preserved' part of my benefit. **Go to section 3 Payment instructions.**
- I wish to rollover the 'unrestricted non-preserved' part of my benefit to another Fund. **Go to section 4 Rollover instructions.**
- I am over 65 years of age and:
- I wish to receive payment of all or part of my benefit. **Go to section 3 Payment instructions.**
- I wish to rollover all or part of my benefit. **Go to section 4 Rollover instructions.**

**Important Note:** if you have reached age 65, you will be required to provide certified evidence of age. (Please see 'Important Notes for Members' for further information).



### 3. Payment instructions

Please complete this section **ONLY** if you have requested payment of any part of your benefits.

Please tick **ONLY ONE** (1) of the following options.

I wish to receive payment of the amount specified below and any balance to remain in the APS Fund. **Please complete payment instructions below and go to section 5 Applicant declaration.**

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

Please specify the amount you wish to be paid.

(Note: if you wish to be paid the maximum available benefit, please indicate 'MAXIMUM' \$ )

Please include  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 **ONLY ONE** (1) of the following options.

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 advised below:

Name of financial institution	<input type="text"/>									
Account name	<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 wish to rollover any part of your benefit to a complying superannuation fund, or approved rollover institution. Please tick **ONLY ONE** (1) of the following options.

I wish to rollover the following amount to the fund indicated below: \$

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

I have requested a payment of part of my benefit and wish to rollover the full 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](http://www.apra.gov.au))

Street/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 above information is correct:

Signed  Date (dd/mm/yyyy)  /  /



## IMPORTANT NOTES FOR MEMBERS

### PAYMENT OF 'UNRESTRICTED NON-PRESERVED' AMOUNTS

The 'unrestricted non-preserved' amount is the amount that can be paid to you at any time under the Commonwealth preservation rules.

All components of your benefit become 'unrestricted non-preserved' on your 65<sup>th</sup> birthday, even if you continue to work.

Payments of 'unrestricted non-preserved' amounts are also subject to the Fund's '\$5,000 Rule', as set out in these notes.

### ROLLOVERS

Members who no longer have contributions paid into the Fund can rollover all or part of their accounts at any time to an approved rollover institution. Again, rollovers are subject to the '\$5,000 Rule' as set out in these notes.

### MEMBERS AGED 65 OR OVER

Members who reach age 65 can apply for payment of part or all of their benefit even if they are still working. However, the following conditions apply:

- members cannot rollover into an approved deposit fund
- members aged between 65 and 74 who are not working at least 10 hours per week must withdraw the full benefit
- members aged 75 may only defer a benefit in the Fund, or rollover a benefit to another fund, if they are working at least 30 hours each week
- payments/rollovers are subject to the '\$5,000 Rule' (refer below).

**Please note that all payments for members aged 65 or over must be accompanied by certified evidence of age, where such evidence has not been previously provided to the Fund. Acceptable evidence would be a certified copy of one of the following:**

- 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.

### FEES

Please note that a processing fee is payable in respect of each payment from the Fund.

### GIVING YOUR 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.**

### 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 Trustee's Privacy Policy, which is available from Member Services or on the Fund's website at [www.chifley.com](http://www.chifley.com).

### Where to send this form/enquiries

APS Fund  
GPO Box 2617  
Sydney, NSW 2001  
website: [www.chifley.com](http://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

## 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](http://www.chifley.com).

### Where to send this form/enquiries

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