



# Election to cease membership

## Application form and Explanatory notes

Only use this form and explanatory notes if you are a contributing member of the PSS (and are not on leave without pay that does not count as service) and wish to cease PSS membership to join an alternative scheme (the PSSap if you are eligible—check with your employer).

Before completing this application form you should read the **PSS Product Disclosure Statement** and the **Ceasing PSS membership** fact sheet at [www.pss.gov.au](http://www.pss.gov.au) or call 1300 000 377.

It is important to note that once you have made a valid election to cease your PSS membership, we will preserve your benefit and there is **no option to re-join the scheme at a later date**.

## Explanatory notes

These notes are intended to assist you in completing the attached form. They are not intended to provide a detailed explanation about your option to cease PSS membership.

## Where to find out more about your option to cease PSS membership

Please refer to our publications outlined on page 1 when you are deciding on your options. There are also fact sheets, calculators and case studies available at [www.pss.gov.au](http://www.pss.gov.au).

Other sources of information include the following:

Our Contact Centre:

- > Phone: 1300 000 377
- > Email: [members@pss.gov.au](mailto:members@pss.gov.au)

It is in your interest to seek professional advice before you make a decision. We cannot provide you with financial advice.

## The PSS election to cease membership form

Take care when completing this form. If you do not complete the application form correctly we may declare it void.

## Section A – Personal details

Please complete all the boxes in **Section A**. This enables us to identify you and tell us where to contact you.

## Relationship details

Please provide details of your relationship status, including same sex or opposite sex de facto relationships. You may wish to include a copy of your marriage certificate or registered relationship certificate with your application. This would speed up the process in the event that a spouse's benefit becomes payable.

For the definition of a spouse for death benefits, see the **Death benefits** fact sheet at [www.pss.gov.au](http://www.pss.gov.au).

## Contact details

This postal address is where we will send all correspondence to you.

We also require contact phone numbers, in case we need to contact you. Your current work number, an email address, either at work or at home, is useful for us to contact you quickly.

## Employment details

Please provide the details of your current employer so we can contact them if required.

## Section B – Information acknowledgement

Please complete this to acknowledge that you have received and understood sufficient information to be able to make an informed choice about your election to cease PSS membership.

You are making a formal election under the provision of the *Superannuation Act 1990*. This election is binding and you cannot change it.

We **strongly recommend** you make use of the information sources outlined at the start of the explanatory notes **before** you complete this section.

## Section C – Joining an alternative scheme

When you elect to cease PSS membership, one of the following two options will apply to you:

- > if you are eligible to be a member of the PSSap you will automatically join the PSSap
- or
- > if you are not eligible to be a member of the PSSap you can elect to join a superannuation fund of your choice provided your employer agrees to make superannuation contributions on your behalf into that superannuation fund.

It is very important that you discuss with your employer your intention to cease PSS membership and the options available to you to join another superannuation scheme. Your PSS membership will not cease until you have become a member of another superannuation scheme. It is not sufficient that you elect to cease PSS membership; you must also become a member of another superannuation scheme for the cessation of your PSS membership to take effect.

You should tick which statement applies to you in this section.

## Section D – Transfer amounts currently held by the PSS

If you have a transfer value you can pay the transfer value into an accumulation scheme. There are two types of transfer values:

- > post 1996 transfer values
- > pre 1996 transfer values.

Be aware that if you don't elect to rollover your transfer amount (on this election form) it will be included in the amount left preserved in the PSS and you will not be able to access any part of your benefit until you meet a condition of release.

## Section E – Taxation

### Start date for taxation purposes

For taxation purposes, your lump sum benefit is called a Superannuation Lump Sum Payment.

The start date relates to the date your eligible service period (ESP) started and is used to calculate the various components of your Superannuation Lump Sum Payment for taxation purposes.

Generally, your ESP is the number of days between the date you started your current employment (which may be earlier than the date you joined the CSS or PSS), and the date your payment is made. If you were formerly a CSS member who started membership before 1 July 1983 and you have a long service leave start date that is earlier than your CSS start date, that earlier date applies as your ESP start date.

Earlier periods of employment for which you paid a transfer value into the CSS or PSS are added to your ESP. If this is the case, please fill in the start date of that earlier service.

If you do not show a date in this section, we will use the date on which you joined the PSS as your start date (unless you transferred from the CSS, in which case we will use your CSS start date). If you are leaving your entire benefit (including any transfer amounts) preserved in the PSS you do not need to fill out this section.

### Tax file number (TFN)

#### E2 Your Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, we are required to deduct PAYG tax at the top marginal rate plus the Medicare levy from benefits if a person does not provide a TFN.

If you have not been issued a TFN you should lodge an Australian Taxation Office (ATO) application/enquiry form with the ATO. Forms are available at [www.ato.gov.au](http://www.ato.gov.au) or all ATO branches. You must provide proof of identity at the time you lodge the form.

#### E3 Approval to advise your TFN to rollover funds

We will provide your TFN to the receiving fund unless you instruct us not to. Please note that there are consequences for not supplying your TFN to a fund.

## Section F – Departmental report

### Cessation date

Your PSS membership will not cease until you have become a member of another superannuation scheme. It is not sufficient that you elect to cease PSS membership; you must also become a member

of another superannuation scheme for the cessation of your PSS membership to take effect. Therefore, your cessation date is the day BEFORE the date you join your new fund.

## What next?

DO NOT SEND THE COMPLETED APPLICATION FORM DIRECTLY TO US.

When you have completed **Sections A, B, C, D** and **E** of this form please give the form to your personnel section so they can complete the relevant section. Your personnel section will forward the completed form to us.

## Privacy

ARIA and its administrator, ComSuper are collecting the information on this form for the following reasons:

- > to confirm your identity
- > to assess your eligibility for payment of the benefit
- > to pay your benefit
- > to contact you.

ARIA and ComSuper are committed to protecting any personal information we hold about you. Your information will not be used for any other purpose or disclosed to another party unless:

- > you authorise us to do so
- > the disclosure is authorised by law. This may include disclosing your personal information to other government agencies that have specific legislative authority to collect this information as required by policy and legislation. We will not disclose your personal information to the agencies unless it is lawful to do so.

## Change of address

We will preserve your benefit in the PSS and it is important that you advise us of any change in your postal address. This will enable us to forward information to you each year regarding your benefit.

Note: if you are a preserved benefit member and don't advise us of your change of address, we may treat you as a 'lost member'. This may ultimately result in your benefit being classed as 'unclaimed' once you reach 65.

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# Election to cease membership

## Application form

### Hints on using this form

- > Read the Explanatory notes and each section of the form carefully before filling it in
- > Use CAPITAL LETTERS and a blue or black pen
- > Sign your name where needed. If you don't sign the relevant sections of the form, we will return it to you.

## SECTION A Personal details

Reference number (AGS)

Cessation date  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Title  Mr  Mrs  Ms  Miss  Other

Given name(s)

Surname

Date of birth  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Previous memberships

1.  2.

3.  4.

Have you had any other periods of PSS membership? If so, please list the reference number(s) (AGS) for each of those memberships.

### Relationship details

Relationship details  Married  Single  De facto

Spouse's name

GIVEN NAME(S)

SURNAME

Start date of de facto relationship (if applicable)  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Spouse's date of birth  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

**Your contact details**

Address

RESIDENTIAL ADDRESS

SUBURB

STATE

POST CODE

Phone

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Email

**Employment details**Name of employing  
department or agency**SECTION B Information acknowledgment**

I have been advised to read the **PSS and PSSap Product Disclosure Statement** before completing this form.

I understand that:

- > I have been advised to read the explanatory notes and seek financial advice based on my personal situation and needs
- > in electing to cease PSS membership in order to become a member of an alternative scheme I am making a formal election to cease PSS membership under the provisions of the PSS legislation and that **I cannot subsequently revoke** this election
- > I will become a member of the PSSap (ARIA's accumulation plan) or, if I am not eligible to join the PSSap, a superannuation fund of my choice and the accrual of my superannuation benefit will be subject to the rules of those superannuation funds
- > my insurance arrangements will be different in the PSSap compared to those in the PSS. This means I will receive the default cover and will be subject to limited cover for the first 12 months of membership; I am aware that if I wish to increase my level of insurance cover in the PSSap it will be subject to underwriting
- > my entire PSS benefit will be preserved in the PSS until I become eligible under the PSS rules to claim it
- > if I have any transfer values and wish to roll them out of the PSS into an accumulation plan I need to do so in this form (see **Section D**)
- > while preserved, my member and productivity components, any amounts I transferred into the PSS and my co-contributions (if applicable) will accrue at the earning rate of the fund; my employer component will accrue at CPI rate
- > once my election to cease membership has been accepted I will no longer have an entitlement to re-join the PSS scheme, regardless that I remain a PSS preserved benefit member.
- > I understand that by making this election I do so in respect of all my PSS memberships including any concurrent memberships.
- > I have attached a copy of my marriage certificate or registered relationship certificate (if I have one).

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Note that the lawful purposes may change in the future as a result of legislative change.

**Important note:** If you have already provided your TFN to us you are under no obligation to provide it again when making an application for benefits. However, if your TFN is NOT recorded by us, payment of your benefits may be delayed.

3.  Select this box if you do not want us to pass on your TFN

What is your tax file number?

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We are authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*. **Section E** of the explanatory notes summarises the legal uses of your TFN.

## Member checklist

Have you:

- read all the explanatory notes, received a benefit estimate, and any other information you require to make an informed choice?
- filled in all the sections applicable to you?
- signed the declaration in **Section B**?
- signed an election option in **Section C**?
- completed rollover nomination details at **Section D**?
- provided an 'ESP start date' (if appropriate) in **Section E, Question 1**?
- provided your TFN in **Section E, Question 2**?
- attached a copy of your marriage certificate or registered relationship certificate?

**You have now completed this form.**

**Return it, with any attachments, to your personnel section or pay office for completion of the Departmental Report and forwarding to us.**

**Don't forget to check with your personnel section or pay office to ensure they have forwarded your benefit application to us.**

END FORM

## SECTION F Departmental report – personnel section or pay office to complete

Member's name

Reference number (AGS)

Date of election to cease PSS membership  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Date joined new super fund  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Name of new super fund

Salary for superannuation benefit purposes at date of exit:

Salary for superannuation benefit purposes at 1 July 1999

\$

Salary for superannuation benefit purposes at date of exit

\$

Note: This is the member's salary for superannuation benefit purposes as at the date of exit. This can be greater than the salary for superannuation contribution purposes at the last birthday.

Last three superannuation variations including the payday that contributions were ceased (usually the payday after the date of exit).

	PAYDAY OF THE ADJUSTMENT	OLD PERM. CONT.	NEW PERM. CONT.	CURRENT ADJUSTMENT	POSITIVE OR NEGATIVE
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> + <input type="checkbox"/> -
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> + <input type="checkbox"/> -
3.	<input type="text"/>	<input type="text"/>	NIL	<input type="text"/>	<input type="checkbox"/> + <input type="checkbox"/> -

## Personnel checklist

**NOTE: Failure to provide the documents outlined in this checklist will result in delays in processing this application. We require the following information:**

Yes N/A

- Employee's signature and date of birth confirmed
- Superannuation history card or computer print-out attached
- Is the employee receiving an allowance (or did they receive such an allowance in the past three years) that increases salary for superannuation purposes?
- If **yes**, is the allowance automatically recognised as salary for superannuation purposes? If the allowance is not automatically recognised as salary for superannuation purposes, please attach form S17A, S17S or S17T.
- Has the member ever worked part-time hours? If **yes**, please attach details.
- Has the employee had any periods of LWOP in the two years prior to date of exit? If **yes**, attach details of starting and ceasing date(s), and type of leave.

