



Australian  
Reward  
Investment  
Alliance

# PSS Application to pay in a transfer amount

PLEASE USE BLOCK LETTERS

GIVEN NAMES

I,

FAMILY NAME

YOUR ADDRESS




STATE

POSTCODE

CURRENT AGS NUMBER

(Your AGS number may be obtained from your employer or your Member Statement)

YOUR WORK PHONE NUMBER

YOUR HOME PHONE NUMBER

apply to have a Superannuation Lump Sum Payment, paid to me by the undermentioned scheme, treated as a transfer amount into the Public Sector Superannuation Scheme (PSS).

## DETAILS OF FORMER SUPERANNUATION SCHEME

NAME OF FORMER SCHEME

SCHEME ADDRESS




STATE

POSTCODE

SCHEME REFERENCE NUMBER OR POLICY NUMBER,  
OF YOUR OLD SCHEME

SCHEME CONTACT NAME

SCHEME PHONE NUMBER

## DECLARATION TO PAY A TRANSFER AMOUNT

- I have read the fact sheet 'The Facts About Rolling Money into the PSS' and I understand when a transfer amount can be withdrawn from the PSS.

I DECLARE THAT:

- I have contacted my previous fund and arranged for the transfer of funds to the PSS.

SIGNATURE

DATE

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

WHEN COMPLETED, please send this form to:

PSS  
PO Box 22  
BELCONNEN ACT 2616

You will also need to contact your other fund(s) and complete their paperwork as well, before rolling over your other super into the PSS.

## Privacy

Your privacy is important to us. We are collecting information on this form to administer your super and to contact you and your former super fund if we need to.

If you'd like to read ARIA's privacy and security statement, visit <http://www.aria.gov.au/privacy.shtml>.