



Application to pay in a transfer amount

I,

GIVEN NAME(S)

SURNAME

of

RESIDENTIAL ADDRESS

SUBURB

STATE

POST CODE

PHONE NUMBER

MOBILE PHONE NUMBER

whose Reference number (AGS) is

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

Reference or policy no. of former scheme

Former scheme's address

SUBURB

STATE

POST CODE

Name of contact at former scheme

FULL NAME

Contact number at former scheme

Declaration to pay a transfer amount

I have read the **Rolling Money into the PSS** fact sheet and I understand when a transfer amount can be withdrawn from the PSS.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 signed

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

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 www.aria.gov.au/privacy.

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