



# Transfers out

## Important information about this form

### What this form is for

- Use this form to transfer out your Accumulated transfer amount (Post 1995) or additional (over age 70) contributions.
- Do not complete this form if you are ceasing membership, retiring or are a PSS pensioner.
- You should read the **PSS Product Disclosure Statement (PDS)** at [csc.gov.au](https://www.csc.gov.au)

### How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this ☐ with a cross (X) then fill out the next question or section.

### Submitting your form

Please send your completed form with any attachments to [formsandapplications@csc.gov.au](mailto:formsandapplications@csc.gov.au)

Or

**PSS**  
**GPO Box 2252**  
**Canberra ACT 2601**  
**AUSTRALIA**

## A Confirm the accumulated amounts you wish to transfer

Only **one** selection can be made. If you wish to transfer both your accumulated additional contributions and your Accumulated transfer amount (Post 1995), you must complete this form twice.

☐ Accumulated transfer amount (Post 1995)

OR ☐ Accumulated additional contributions (additional contributions by members over 70, prior to 1 July 2011)

## B Personal details

Reference number (AGS)	<input type="text"/>																			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>														
Surname	<input type="text"/>																			
Given name(s)	<input type="text"/>																			
Date of birth	D D		M M		Y Y Y Y															
	<input type="text"/>		<input type="text"/>		<input type="text"/>															
Residential address	Street <input type="text"/>																			
	Suburb/town <input type="text"/>															State <input type="text"/>			Postcode <input type="text"/>	
Postal address (if different from your residential address)	Street <input type="text"/>																			
	Suburb/town <input type="text"/>															State <input type="text"/>			Postcode <input type="text"/>	



Public Sector  
Superannuation  
Scheme

➡ Continued on next page

The information provided in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the PSS Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Trustee of the Public Sector Superannuation Scheme (PSS)  
ABN: 74 172 177 893 RSE: R1004595

Phone	Business hours	<input type="text"/>	After hours	<input type="text"/>
	Mobile number	<input type="text"/>		
Email	<input type="text"/>			

Once your payment has been finalised, confirmation will be sent to you using the communication preference recorded on your account. You can change your communication preference at any time via CSC Navigator.

Receive information about new products and services and member research ☐ I do not wish to receive information about new products and services or participate in member research.

## C Transfer arrangements

Complete Section 1, 2 or 3 to tell us which rollover fund or retirement savings account (RSA) you nominate to receive your transfer amount.

### 1. Transfer to PSSap

Are you a PSSap Ancillary member? ☐ No – PSS members can join PSSap in addition to their PSS membership to transfer in an Accumulated transfer amount (Post 1995) – find out more at [csc.gov.au](http://csc.gov.au) (otherwise, go to **2 or 3 below**)

☐ Yes – Enter your PSSap member number below

PSSap member number  Continue to **Section D**


Name of fund **PSSap–Public Sector Superannuation accumulation plan**

ABN of fund **65 127 917 725**

Postal address of fund **PSSap, Locked Bag 20117, Melbourne VIC 3001**

Unique Superannuation Identifier (USI) of fund **65127917725001**

### 2. Transfer to CSCri

 Please ensure you submit a **CSC application form** at the same time as you submit this form.

Name of fund **CSCri–CSC retirement income stream**

ABN of fund **65 127 917 725**

Postal address of fund **CSCri, Locked Bag 20115, Melbourne VIC 3001**

Unique Superannuation Identifier (USI) of fund **65127917725002**

### 3. Transfer to another fund or RSA

Name of fund or RSA

ABN of fund

Postal address of fund

Street

Suburb/town  State  Postcode

Rollover to a Self Managed Super Fund (SMSF)? ☐ Yes – Continue to **Section C4**

☐ No – Enter Member Client Identifier and USI below

USI/SPIN of fund or RSA

Member Client Identifier for fund or RSA

#### 4. Transfer to SMSF



Attach a copy of your recent bank statement which shows your account name, BSB and account number.

Name of SMSF	<input type="text"/>
ABN of fund	<input type="text"/>
Electronic service address (ESA)	<input type="text"/>
Account name	<input type="text"/>
Branch (BSB) number	<input type="text"/>
Account number	<input type="text"/>

## D Tax File Number (TFN)

Although you are not obliged to provide your TFN, providing it here lets us check your identity using the ATO's SuperTick services.



Providing your TFN is voluntary. The consequences of NOT providing your TFN are:

- proof of identity documents will be required to process your application (you must complete **Section F**)
- the trustee of another superannuation scheme or RSA provider holding your benefits now or in the future may not be able to locate, amalgamate or identify your benefits in order to pay you.

**Note** that these consequences may change in the future as a result of legislative change.

PSS is authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*. We will treat your TFN as confidential and will only use it for legal purposes which include:

- disclosing it to the trustee of an eligible superannuation entity, regulated exempt public sector superannuation scheme or RSA provider to which your benefits are being transferred in the future, unless you specifically tell us not to
- finding or identifying your superannuation benefits where other information is insufficient
- calculating tax on your benefits
- providing information to the Commissioner for Taxation
- conducting a proof of identification check with the ATO.

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

Tax File Number (TFN)

☐ Check this box if you do not want us to pass on your TFN (your transfer may, however, be delayed as we must by law confirm your identity).

## E Information acknowledgement declaration



**Important:** Your transfer may be delayed if this acknowledgment is NOT completed.

- ☐ I have been given enough information to make an informed decision about rolling amounts out of PSS and I have been advised to read the PSS Product Disclosure Statement.
- ☐ I also understand that, by submitting this application, I am making a formal election under the provisions of the PSS legislation and this benefit election cannot be changed.
- ☐ I declare that the information I have provided is true and correct to the best of my knowledge. I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents.
- ☐ I hereby give written notice to Commonwealth Superannuation Corporation, trustee of PSS, to transfer the amounts selected in **Section A** of this application to the fund identified in Section C of this application and to validate any proof of identification documents supplied with this application using the Document Verification System (DVS).



Sign

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"/>	<input type="text"/>	<input type="text"/>

If you need more information, or would like to talk about the options you have, please call our Customer Information Centre on **1300 000 377**, or email [members.aps@contact.csc.gov.au](mailto:members.aps@contact.csc.gov.au)

## F Identification requirements

To confirm your identity, we require some information from you—this is to protect your benefit against fraud, money laundering and terrorism financing, under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

### Verifying your documents

Identifying documents may be verified through the Document Verification Service (DVS). DVS is a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.

**!** If you don't provide authorisation to have documents verified electronically or your documents are incompatible with DVS, you will need to provide certified copies of required documents.\* Please also refer to the section Certifying your documents.

**\* DVS is only compatible with some identification documents, these have been listed below.**

An electronic copy of your identification documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purpose of confirming your identity. You need to send in identification with every application.

### Certifying your documents

If you're providing certified documents, the certifying authority must confirm in writing you are the valid holder of the identification you are presenting, and any copies are true copies of the original.

**!** **Important:** The certification must include the name, signature, qualification and registration number of the certifying authority (if applicable), and the date of the certification. Note: we require a copy of both sides of your identification document.

The following sample of certifying authorities can certify your documents in Australia:

- Dentist
- Employee of a Commonwealth authority engaged on a permanent basis with five or more years of continuous service who is not specified elsewhere in this document
- Financial Adviser or Financial Planner
- Justice of the Peace (JP)
- Legal Practitioner
- Medical Practitioner
- Member of the Australian Defence Force who is:
  - an Officer; or
- a Non-Commissioned Officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service; or
- a Warrant Officer within the meaning of that Act.
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to **Schedule 1** of the *Statutory Declarations Regulations 2023* available at [www.legislation.gov.au/F2023L01753/](http://www.legislation.gov.au/F2023L01753/)

### Meeting the identification requirements

You only need to provide **one** document from the **Primary photographic identification** category.

If you can't provide any **Primary photographic identification** you will need to provide **one** secondary identification document from List A **AND one** secondary identification document from List B. We can only accept documents that are listed below for identification purposes.



If the name we hold on file for you is different to the name on your identification, or two pieces of identification are in different names, please provide a certified copy of your **Marriage** or **Change of Name certification**.




**\* If you would like us to use DVS to verify your identification, please check both boxes below.**

- ☐ I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purposes of confirming my identity.
- ☐ I have attached identification for DVS verification.

**You must provide a copy\* of one of the following:**

#### Primary photographic identification

DVS compatibility\* is shown as  or 

-  A current Australian Driver's Licence (front and back of licence must be provided).
-  A current Australian Passport (or one which has expired within the last two years).
-  A current Australian Proof of Age card (issued under a State or Territory law).

**\* If your documents are incompatible with DVS, don't forget to provide certified copies.**

 Continued on next page

## Secondary identification requirements

Only provide these documents if you're unable to provide **one** of the **Primary photographic identification** documents.

### List A

- ✓ Your Australian Birth Certificate or extract issued by a State or Territory.  
**Please note:** Birth Certificate extracts and Birth Certificates issued before 1970 may not be verified by DVS.
- ✓ Your Citizenship Certificate issued by the Commonwealth.
- ✗ Your current Pensioner Concession Card issued by the Department of Human Services.

### List B

- ✗ Your notice issued by the Australian Taxation Office (ATO) within the last 12 months that shows your name, current residential address, and records an amount payable either to or from the ATO.
- ✗ Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. **Example:** rates notice, electricity or water bill.
- ✗ Your notice issued by the Commonwealth or a State or Territory government within the last 12 months showing your name and current residential address, and the provision of a financial benefit. **Example:** a Centrelink letter.



### Members residing overseas

If you live overseas and provided an overseas bank account, you need to meet 100 points of identification requirement and need to have documents certified, it needs to be done by a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents. For more information refer to [ag.gov.au](http://ag.gov.au) and [dfat.gov.au](http://dfat.gov.au). Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator. Please contact us as we require further documents.

**\*Don't send original documents.**

## G Application checklist

Have you:

- ☐ filled in all the sections applicable to you
- ☐ completed all personal details listed in **Section B**
- ☐ completed any rollover details in **Section C** and attached copy of recent bank statement (applicable for rollover to SMSF only)
- ☐ provided your TFN in **Section D** (otherwise you must complete **Section F**)
- ☐ signed the Information acknowledgment declaration at **Section E**.

Only if you did not provide your TFN in **Section D**:

- ☐ completed **Section F** and supplied enough documents required to meet PSS identification requirements
- ☐ supplied certified copies of documents required from **Section F**.

## H Privacy

The personal information you or a third party, such as your employer, provide is collected, held, used and disclosed as required or authorised by law, for the purpose of managing your super. You should check that the information provided is correct and complete, as it impacts on the level of service we can provide you.

For more information, including how to make a complaint regarding privacy, refer to the privacy policies and notice available via [csc.gov.au](http://csc.gov.au)



### Lodge application

Please email this completed form with any attachments to [formsandapplications@csc.gov.au](mailto:formsandapplications@csc.gov.au), or send it to **PSS, GPO Box 2252, Canberra ACT 2601, AUSTRALIA**



### For more information visit [csc.gov.au](http://csc.gov.au)

The information provided in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the PSS Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397  
Trustee of the Public Sector Superannuation Scheme (PSS) ABN: 74 172 177 893 RSE: R1004595

