

# Join PSSap as an Ancillary member

## For PSS and CSS members

Before making any decisions read the PSSap Financial Services Guide (FSG), PSSap Product Disclosure Statement (PDS) and the PSSap Target Market Determination issued by Commonwealth Superannuation Corporation (CSC). View or download these documents at csc.gov.au

## Why join PSSap as an Ancillary member:

PSSap Ancillary allows you to stay with CSC for all your superannuation needs:

- Grow your super with additional contributions or salary sacrifice
- Receive super guarantee contributions from non-APS employers
- Access four investment options to suit the level of risk you're prepared to take: Aggressive, Balanced, Cash, and Income Focused
- Rollover (transfer) super from other funds (including Post 95 transfer amounts from PSS)
- Contribute more to super in addition to the maximum 10% of your super salary you are already contributing to PSS
- Access to a flexible insurance offering through lifePLUS cover
- Choose your beneficiary
- Invest money for retirement in a tax-effective environment
- Remain with CSC for all your super needs.

## Eligibility

To join PSSap as an Ancillary member, you must have been employed by an eligible employer for a minimum of 12 continuous months, and:

- be a Contributing or Preserved PSS or CSS member; or
- had been a Contributing PSS or CSS member at any time on or after 7 March 2021.

Note: Former PSS or CSS members in receipt of a pension are not classed as Preserved members and are ineligible to join PSSap as an Ancillary member unless they were a Contributing member at any time on or after 7 March 2021.

If you choose to join PSSap as an Ancillary member, you will have a PSSap account in addition to your existing CSS or PSS membership.



**Public Sector** Superannuation accumulation plan

You can invest your retirement amounts in PSSap even if you have exceeded your transfer balance cap and/or if you have not met your preservation age





# Your personal details

CSC fund		PSS			С	SS																		
AGS number/s																								
Salutation		1rs	lrs Ms						Miss Oth															
Surname																								
Given name(s)																								
Date of birth	D	D	/	М	М	/	Y	Υ	Υ	Υ														
Residential address																								
	Suburb														State Postcode						ode			
Postal address																								
	Suburb														State					Postcode				
Phone	Business hours After hours																							
FIIOTIC																								
	Mobil	e nun	nber									1												
Email																								
	@																							
Communication preference	By n	Posi		ing e		mail Il yo		ree	to re	ecei	ve tl	he fo	ollov	ving	via	ema	ail:							
	• no			on of																				



- your Member Statement) electronically via the CSC Navigator at <u>csc.gov.au</u>
- information about products and services;

and

• notification to participate in member research.

You can change your communication preferences at any time in the CSC Navigator. In addition to the **PSSap PDS** and the **PSSap FSG**, view and download notices of significant changes and events relating to PSSap at <a href="mailto:csc.gov.au">csc.gov.au</a>



## Choose your investment option or mix of options

Note: Choose one or a mix because there is no default	of up to four investment options to invest your contributions. You coption.	u must make a choice
Please invest my contributi	ons, and any other amounts, in the following option(s):	
Cash	%	
Income Focused	%	Your percentages must total 100%
Balanced	<b>%</b>	and be whole
Aggressive	%	numbers only.
TOTAL	1 0 0 %	
Provide your TFN. We may benefits—unless you requestioning to quote your TFN following advantages:  we can accept all permition you will pay the amount fortnight—but if we do we and	Industry (Supervision) Act 1993, we are authorised to collect, use disclose your TFN to another super provider when we transfer your set in writing that your TFN not be disclosed to any other super provider when we transfer your to us is not an offence, however supplying your TFN will have the ted types of contributions to your account/s; of tax appropriate for your income (we will not withhold more easy) withhold too much, you will get it back after submitting your tax refer to find different super accounts in your name so that you receiver.	and bur rovider. ne
Tax File Number		
	a third party nancial planner/third party representative(s) to enquire on my be	half about my PSSap account
Representative	Personal representative Financial represent	ative
Relationship	Financial Advisor  Power of Attorney  Administration/Financial  Management Order  Note: Powers of Attorney, Administration or Financial Mar  Trustee requests must accompany this authority for to be released.  Other (please specify)	
For the purposes of		f
Tor the purposes of	Receiving/accessing Acting on my behal information only	f Both

Given Name(s)

Name

Date of birth	D	D	/	М	M	/	Υ	Υ	Υ	Y															
Organisation (if applicable)																									
You authorise access to your account details to	any representative of the organisation OR only the named individual																								
Postal address																									
	Subu	rb														State			1	Postc	ode				
	Home phone Mc														Mobile number										
Phone																									
Email address																									
	@																								
Financial Services Licence Number (Financial representative)												AE	BN												
Allow access from	D	D	1.	М	М	١.	Υ	Υ	Υ	Υ	]			D	D	١.	М	М		Υ	Υ	Υ	Υ		
			/			/						to				/			/						
															(on	ıly sp	ecif	y an	end	date	if ap	plica	able)		
Company name (if applicable)																									
Name of representative																									
·																									
D	D	D		М	М		Υ	Υ	Υ	Υ															
Date of birth			/			/																			
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Phone	Busin	ess ho	ours										After	hours											
	Mobi	le nun	nber																						
Postal address																									
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If you wish to nominate more than one third party authority, please provide their details on a separate sheet and enclose it with your completed application form.

#### **Privacy**

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at <a href="csc.gov.au/Members/Privacy-policy">csc.gov.au/Members/Privacy-policy</a>



I declare that:

- the information shown on this application is true and correct;
- I have read the PSSap PDS, PSSap FSG, and CSC Privacy Policy, and this application is made subject to the terms and conditions of that information;
- I have read the <u>PSSap Target Market Determination</u> so I understand the class of members for which this product has been designed, taking into account the objectives, financial situation and needs of the target market;
- I am applying to join the Public Sector Superannuation accumulation plan (PSSap) as an Ancillary member (in addition to my CSS or PSS membership) and if accepted, I agree to be bound by the trust deed that governs the Fund;
- I understand and accept that no party associated with PSSap guarantees the performance of the investment options in PSSap;
- I understand that the investment option or mix of options I have selected will remain in place until I make a subsequent investment choice and it is processed;
- I authorise the third party listed in Section F (if completed) to make enquiries about my
- I understand my account will be closed if no monies are received within the first 60 days; and
- I acknowledge Commonwealth Superannuation Corporation has recommended that I obtain financial advice.

Your name



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Signature									Date			М		Υ	Υ	Υ	Υ				
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**Your PSSap Ancillary** 

account will be closed if no contributions or rollovers from other super funds are paid into it within the first 60 days.

If you wish to make a personal contribution

to ensure your account remains open, this

can be done via BPAY from your personal

online banking account.

**BPAY payment details—including your** 

customer reference number (CRN)—are

found in the CSC Navigator under

the 'Contributions' tab in the

'My account' section.

Please send this form by email to <a href="mailto:formsandapplications@pssap.com.au">formsandapplications@pssap.com.au</a> or post to:

**PSSap** Locked Bag 20117 Melbourne Vic 3001

### Start your PSSap account

When your PSSap account is set up, we'll send you your member account details in a welcome pack. Use your member details to:

- register then log in to CSC Navigator to manage your account
- give to your employer to make contributions
- make additional contributions via BPay (including spouse or personal contributions)
- · apply for lifePLUS cover using our online lifeAPP tool (or complete and return our Application and Variation at csc.gov.au)
- complete and return our Beneficiary Nomination at csc.gov.au

#### Want to know more?

**Email** members@pssap.com.au

Phone 1300 725 171 Mail **PSSap** 

Locked Bag 20117 Melbourne Vic 3001

Web csc.gov.au











