







## Investment option payment amount (for partial rollovers only)

Complete this part of the form to indicate from which investment option or mix of options your partial rollover amount is to be withdrawn. You should only complete this part if you wish to make a partial rollover (not a full rollover) and your CSCri account balance is currently invested in two or more investment options.

Cash	\$	<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"/>	<input type="text"/>
Income Focused (default option)	\$	<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"/>	<input type="text"/>
Balanced	\$	<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"/>	<input type="text"/>
Aggressive	\$	<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"/>	<input type="text"/>
<b>Total</b>	\$	<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"/>	<input type="text"/>

Please ensure your total amount is the same as the partial rollover amount you listed above.

## Section E – Declaration

By signing this request form I am making the following statements:

- > I have read and understood the **CSCri PDS**
- > I declare that, to the best of my knowledge, the information I have provided on this form is true and correct
- > I authorise CSCri to transfer and/or pay my benefit as instructed on this form
- > I discharge the Commonwealth Superannuation Corporation, the trustee of PSSap through which CSCri is offered, from all further liability in respect of the benefits transferred and/or paid
- > I am aware that personal information I or a third party provide, such as my employer, is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via [cscric.gov.au](http://cscric.gov.au) or by contacting us on **1300 736 096**, for the purpose of managing my super. This includes the management of superannuation investments, providing me with superannuation products and information, the administration of my account, conducting market research and product development. The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.

SIGNATURE
<input type="text"/>

Date signed

<input type="text"/> <sup>D</sup>	<input type="text"/> <sup>D</sup>	/	<input type="text"/> <sup>M</sup>	<input type="text"/> <sup>M</sup>	/	<input type="text"/> <sup>Y</sup>	<input type="text"/> <sup>Y</sup>	<input type="text"/> <sup>Y</sup>	<input type="text"/> <sup>Y</sup>
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Please send your completed form to:

**CSCri**  
**Locked Bag 8840**  
**Wollongong NSW 2500**

 **EMAIL**  
members@cscric.com.au

 **PHONE**  
1300 736 096

 **FINANCIAL ADVICE**  
1300 277 777

 **POST**  
CSCri  
Locked Bag 8840  
Wollongong NSW 2500

 **WEB**  
cscric.gov.au

 **OVERSEAS CALLERS**  
+61 2 4298 6052

 **FAX**  
1300 304 241