



Child of a deceased member

Benefit application

1. Explanatory notes
2. Form

Important information about this form

Who should use this form?

This form may be completed by an eligible child over the age of 18, or on behalf of an eligible child under the age of 18, where an ADF Cover member has passed away and is not survived by an eligible spouse or if the applicant child is not in the care, custody or control of an applicant spouse. Please complete a separate form for each child.

Who is an eligible child?

A person is an eligible child if the person is a child of the deceased covered member or pensioner and the person is either:

- under 18 years of age; or
- at least 18 but under 25 years of age and receiving full-time education and was wholly or substantially dependent on the invalid or member at the time of death.

A person is a child of the deceased covered member or pensioner if the person:

- is a child or ex-nuptial child of the pensioner or member; or
- was a step-child, an adopted child, a foster child or a ward of the pensioner or member when the pensioner or member died; or
- is a child or ex-nuptial child of a surviving spouse of the pensioner or member and was wholly or substantially dependent upon the pensioner or member when the pensioner or member died.

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this with a ✓ or ✗ then fill out the next question or section.

Sign your name where needed, if you do not sign the form it will be returned to you.

Submitting your form

Please post your completed, signed application form and attached documents to:

ADF Cover
GPO Box 2252
Canberra
ACT 2601
AUSTRALIA

Faxed copies will not be accepted.



Australian
Defence Force
Cover

1. Explanatory notes start

Before you start

If you are under the age of 25 years, you may be eligible for a benefit. Before completing this benefit application form, we advise you read the **ADF Cover Death Benefits factsheet available** from csc.gov.au. Please ensure you attach all relevant documentation with this application. An incomplete application could result in a delay of your assessment or payment.

Advice and information

If you require further information or assistance completing this form, please contact us on **1300 001 977**.

Completing this application

Following are some notes to assist you in completing each section of the benefit application.

Section A – About the deceased

Please complete all boxes in this section.

Section B – Parent or Guardian details

Please complete this section if you are the parent or guardian of the child. If you are a child aged 18 or over this section is not applicable.

Section C – About the child

Please complete all boxes in this section.

The postal address you provide is where all correspondence will be sent.

A contact phone number or email address is also required in case we need to contact you regarding your application. This will help prevent delays in payment.

Section D – Living arrangements of the child

Complete all the boxes in this section

Section E – Education details of the child between 18 to 25 years

Complete all the boxes in this section and provide any necessary certificated or Statutory Declarations as required.

Please note that, reviews will be conducted to assess your ongoing eligibility as a dependant 'eligible' child until the age of 25. You must inform us of any changes in your circumstances which could affect your eligibility.

Section F – Child payment details

This section is where you nominate the account you want the benefit to be paid.

We can only pay the benefit into an Australian bank account held in the name of the child applicant. If it's a joint account, one of the names listed must be that of the child applicant.

Please ensure the information here is correct, as a delayed payment may result if it is not.

Section G – Details of any other children

This section is to advise details of other children who may also be eligible for a benefit. This includes any children that are not in your care.



Section H – Identification requirements

To guard against fraud, money laundering, terrorism financing, you need to provide us with information to verify your identity before your request can be processed. The identification documents you send us will be verified electronically using a Document Verification System, or you can provide certified copies of your documents with your application. If you supply certified documents, the person certifying them must attest that the documents are true copies, and that you are the valid holder of the identification. Copies of your documents will be scanned and stored on our secure document management system.

Section I – Declaration

If you don't sign this section, your form will be returned to you and your payment may be delayed.

Section J – Checklist

Use this checklist to ensure you have completed all sections of this form.

Privacy

Protecting your privacy is important to Commonwealth Superannuation Corporation (CSC). CSC collects personal information for the purposes of providing superannuation products and information to members, including the administration of superannuation legislation and rules, and for any other directly relatable purposes.

Your personal information may be disclosed to Superannuation Administration Corporation, trading as Pillar Administration (Pillar) ABN 80 976 223 967, AFSL 245591 for the purposes of establishing, administering and releasing your account. CSC may also disclose your personal information to the extent that it is required or permitted to do so by law.

A full copy of our privacy policy is available at [csc.gov.au](https://www.csc.gov.au). Alternatively, you may request a full copy of our privacy policy by telephoning us on **1300 001 977**.

End of
explanatory
notes

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been intentionally
left blank.



Child of a deceased member

Benefit application

2. Form start

Read the Explanatory notes and each section of the form carefully before filling it in.

A

About the deceased

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth

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"/>

Date of death

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"/>

Please provide a copy of the death certificate

Was the member in receipt of an invalidity pension under ADF Cover? Yes - Do not use this form. Please refer to the **ADF Cover Death benefits** factsheet for instructions on the correct form to use. No

Scheme details:

ADF Cover membership number / Service number

Service Navy Army RAAF

Did the deceased leave a Will? Yes – please attach a copy No



Australian Defence Force Cover

➔ Section A continued on next page

Who is the executor?

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Contact number: **BUSINESS HOURS** **MOBILE NUMBER**
AFTER HOURS

Has a grant of probate or letters of administration been obtained? Yes – please attach a copy No

Who is the administrator:

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Contact number: **BUSINESS HOURS** **MOBILE NUMBER**
AFTER HOURS

B Parent or Guardian details

Person completing this form

Are you the child of a pensioner, Child – Go to **Section C** or the parent/guardian of the child of a pensioner?

Parent/Guardian – **Complete this part**

Details

What is your relationship to the child? Parent

Guardian — **Attach evidence that you are the guardian and complete this part.**

Evidence could include a will showing that the child has been put into your care, or evidence that you have enrolled the child in school.

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Contact number: **BUSINESS HOURS** **MOBILE NUMBER**
AFTER HOURS

Email address
@

If you provide your email address, we will provide your pension advice letter and Payment Summary electronically via Pensioner Services Online and notify you by email of when they are available. Please tick this box if you want paper copies of those documents to be sent to the postal address above instead. You can change your communication preference at any time via Pensioner Services Online.

Home address

SUBURB
STATE
POSTCODE

If you do not want mail sent to your home, please provide an alternate mailing address below.

Postal address

SUBURB
STATE
POSTCODE

About the child

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Postal address

SUBURB
STATE
POSTCODE

Contact number: **BUSINESS HOURS** **MOBILE NUMBER**
AFTER HOURS

Email address

WORK

@

HOME

@

Tax File Number

D

Living arrangements of the child

For children aged between 18 and 25 years old, please complete the following sections. If there is more than one child between 18 and 25 years old, please attach the same details as below for each additional child.

Were you/was the child living with the deceased on a full-time basis at the time of death?

Yes - Please provide proof of residence

No – Please provide reasons why you were /the child was not living with the deceased at the time of death

Was the above named child wholly or substantially dependent on the deceased at the time of death?

Yes

No – Please provide details below

E

Education details of the child aged between 18 to 25 years

Name of child/student

Reference number

Date of birth

/ /

➔ Section E continued on next page

F

Child payment details

Please note that benefits can only be paid to an account in your name and must be in Australia. This can be a joint account.

Name of institution	<input type="text"/>
Name of account holder (s) Must include your name	<input type="text"/>
Branch location	<input type="text"/>
Branch (BSB) number	<input type="text"/> - <input type="text"/>
Account number	<input type="text"/>

G

Details of any other children

Are there other children who may be eligible for a benefit? Yes No

Please provide details of other children who may also be eligible for a benefit. If any of the children are not in your care please attach the name(s) and address(es) of the relevant guardian(s). Please indicate if you have submitted a separate application form for that child.

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Surname of child	<input type="text"/>
Given name(s) of child	<input type="text"/>
Date of birth of child	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y
Relationship to the deceased (e.g. child, adopted child, or a child within the meaning of the <i>Family Law Act 1975</i>)	<input type="text"/>
Has a separate application been submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there is more than one other child please attach the same details as above for each child.



Identification requirements

To confirm your identity, we need 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

You can authorise us to verify your identification electronically using 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](#).

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.

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

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.

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 Officeror
 - a Non-Commissioned Officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous serviceor
 - a Warrant Officer within the meaning of that Act.
- Midwife
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

Please note:
We require a copy of both sides of your identification document.

For a full list of certifying authorities refer to **Schedule 2** of the *Statutory Declarations Regulations 2018* available at legislation.gov.au

How can I meet 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 provide authorisation 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 3rd party systems for the purposes of confirming my identity.

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.
-  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.




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. **For 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. **For example:** a Centrelink letter.

Certifying your documents overseas

If you live overseas and need to have documents certified, it needs to be done by a person authorised as a notary public in a foreign country, or by a person who is on a list of persons before whom a statutory declaration may be made and who has a connection to Australia. **For example:** a doctor who is registered in Australia and working overseas, or an Australian Consular Officer. Refer to ag.gov.au and dfat.gov.au for more information. Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator.

Persons residing overseas and foreign residents may need to contact us.

***Please, don't send original documents.**

I Declaration

Please sign and date the following declaration before returning your application to us.
I declare that:

- the information I have provided on this form 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 on documents.
- I have read and understood the information in this form and in the relevant factsheet.

 **Sign**

SIGNATURE	

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

J Checklist

- I have read all the explanatory notes
- I have read the **ADF Cover Death Benefits factsheet**
- I have filled in all sections applicable to me
- I have checked my bank account details at **Section F**
- I have signed the declaration at **Section I**
- I have provided relevant identification evidence as per **Section H**

K Lodgement

You have now completed this form.

Please post your completed, signed application form and attached documents to:

**ADF Cover
GPO Box 2252
Canberra
ACT 2601
AUSTRALIA**

Faxed copies will not be accepted.

End Form



**Need assistance?
Call us on the phone
numbers below**



Email
members@adfcover.gov.au



Phone
1300 001 977



Fax
(02) 6275 7000



Post
ADF Cover
GPO Box 2252
Canberra ACT 2601



Web
csc.gov.au



Overseas Callers
+61 2 6272 9633