

## Application for invalidity benefit and superannuation productivity (including MilitarySuper Ancillary Benefit)

## Important information about this form

## Before you use this form

Before completing this benefit application form, it is recommended that you read the MilitarySuper Product Disclosure Statement (PDS) and the DFRDB Book for the Defence Force Retirement and Death Benefits Scheme (DFRDB Scheme). These documents provide further information about the main features of the schemes and are available on our website csc.gov.au, or by phoning MilitarySuper on 1300 006 727 or DFRDB on 1300 001 677.

## Who should use this form

Use this form if you are a member of the DFRDB Scheme and you are being discharged from the Australian Defence Force (ADF) as medically unfit for further service.

Do not use this form if you ceased employment with the ADF to enter government employment and wish to preserve your superannuation rights.

## When to use this form

This form can be completed anytime up to your discharge.

Please complete the following parts.

Part A: About yourself

Part B: Exit details

Part C: Superannuation contributions surcharge

Part D: Invalidity pay (pension) payment details (if applicable)

Part E: Superannuation productivity

Part F: Commutation

Part G: MilitarySuper Ancillary Benefit options

Part H: Your pre-service education and training

Part I: Your pre-service employment history

Part J: In-service education and training

Part K: In-service employment history

Part L: Identification requirements



About this form continued on next page

Part M: Tax File Number

Part N: Document list

Part O: Member declaration

Part P: Department of Defence - Authority to provide medical and employment records

Part Q: Department of Veterans' Affairs (DVA) and/or Military Rehabilitation and Compensation Commission (MRCC) – Authority to provide information

Then lodge at the address in Part R.

## **Options**

On discharge on the grounds of invalidity you will be subject to invalidity classification. For more information regarding this process please read the **Invalidity Benefits** leaflet (see below).

This form asks about the options you choose for your:

## 1. Invalidity pay

The rate of invalidity pay is based on completed years of effective service and is a percentage of the annual rate of pay for DFRDB purposes at retirement.

## 2. Superannuation productivity

Commonwealth Superannuation Corporation (CSC) will pay your superannuation productivity benefit to your nominated rollover fund.

If, following retirement, you have attained your preservation age and permanently retired from the workforce (ie you are not employed and do not intend to be gainfully employed for 10 hours or more per week), you can choose instead to take all or part of your superannuation productivity benefit as a cash lump sum.

## 3. Commutation

Should you be classified **Class C** and have in excess of 20 years service for pension, you may commute (ie exchange) part of your retirement pay for an immediate lump sum.

The maximum you can commute is five times your retirement pay. Your retirement pay will be permanently reduced to offset your commutation. An election to commute must be lodged with your scheme within 12 months of you becoming entitled to retirement pay.

## 4. MilitarySuper Ancillary Benefit

You may also have an Ancillary Benefit in MilitarySuper, if any of the following Ancillary Benefit amounts have been paid into your MilitarySuper account:

- Additional personal contributions
- Co-contributions
- Salary sacrifice amounts
- Spouse contributions (please note that spouse contributions are those paid by your partner into your MilitarySuper account)
- Transfer amounts
- Super Guarantee amounts
- Low Income Contributions

You may roll over your MilitarySuper Ancillary Benefit at any time. The Ancillary Benefit may be cashed out once you have reached your superannuation preservation age (see table below) and:

- are less than 60 and have permanently retired from the workforce;
- are aged 60 or more and have permanently retired from the workforce or your current employment has ended.

Date of Birth	Preservation age
Before 1/7/1960	55 years
1/7/1960 - 30/6/1961	56 years
1/7/1961 – 30/6/1962	57 years
1/7/1962 – 30/6/1963	58 years
1/7/1963 – 30/6/1964	59 years
After 30/6/1964	60 years

You can roll over your Ancillary Benefit to:

- a Regulated Superannuation Fund
- a Retirement Savings Account (RSA)
- an Approved Deposit Fund (ADF).

**Note:** You may be able to claim your Ancillary Benefit before preservation age and permanent retirement if, under Rule 87 (MilitarySuper Rules), CSC decides that as a result of your incapacity, it is unlikely that you will be able to work again in employment for which you are reasonably qualified. Please contact your scheme if you have any queries.

## Surcharge debt

If you have a superannuation contributions surcharge debt, it will be deducted from your benefit before payment. Interest will also be applied to the surcharge debt until the debt is fully paid. In deducting the debt from your benefit, default provisions apply if you do not make an election.

The default provisions are:

- if the employer benefit is converted to pension in part or full, any surcharge debt will be taken from the employer benefit after conversion to pension
- if the employer benefit is taken as a total lump sum, the debt will be taken from that benefit.

If you choose to make an election, the default provisions will not apply. You may elect for the surcharge debt to be deducted from:

- the employer benefit before it is paid as a lump sum or converted to a pension
- the Member benefit before it is paid as a lump sum
- any Ancillary Benefit before it is paid as a rollover.

## **Payment**

Lump sum and rollover payments are normally paid within 15 working days after your discharge is confirmed or the date we receive your application, whichever is the later.

## **Tax File Number**

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, Commonwealth Superannuation Corporation is required to deduct PAYG tax at the top marginal rate, plus Medicare levy, from benefits if a person does not provide a Tax File Number (TFN).

If you have not been issued a TFN, you should lodge an application/enquiry form with the Australian Taxation Office (ATO). Forms are available at all ATO branches or via the ATO website.

## Tax File Number declaration form

If you claim a pension benefit, please complete the **Tax File Number Declaration** form, which is available from the ATO. The information you provide on the form will determine how much tax will be deducted from your pension. Please note that you can only claim the tax-free threshold against one source of income.

## **Further information**

If you wish, you can seek further information from DFRDB on **1300 001 677** on your options and completion of this form.

You can also read:

- The DFRDB book
- · About to Leave the ADF? factsheet
- Superannuation Contributions Surcharge factsheet
- Taxation of Benefits factsheet
- Taxation Concessions Deductible Amounts factsheet
- Invalidity Benefits factsheet
- factsheets on each Ancillary Benefit type.

All these publications are available on our website at **csc.gov.au**. A financial advisor may also be able to assist.

## **Contact**

We must provide you with any information you need to understand your benefit entitlements. If you have any further questions about your benefit entitlements or investment options you can contact us in the following ways:

Mail Email Fax

GPO Box 2252 members@enq.militarysuper.gov.au MilitarySuper (02) 6272 9617 Canberra ACT 2601 members@dfrdb.gov.au DFRDB (02) 6272 9616

Phone Internet
MilitarySuper 1300 006 727 csc.gov.au

**DFRDB** 1300 001 677 for the cost of a local call

## 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.

## **Submitting your form**

Send your completed application and attachments to:

DFRDB

GPO Box 2252 Canberra ACT 2601

Australia

OR

You can fax or email documents to formsandapplications@csc.gov.au



# Application for invalidity benefit and superannuation productivity (including MilitarySuper Ancillary Benefit)

## Form start

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



## About yourself

1.	Service		Navy	/		Arr	ny		RA	AAF										
2.	Service number/ Employee ID																			
3.	Service number from a previous period of service (if applicable)																			
4.	Salutation		Mr			Mr	S		M	S		N	1iss		Othe	er				
	Surname																			
	Given name(s)																			
5.	Former surname (if applicable)																			
		D	D		М	M		Υ	Υ	Υ	Υ	1								
6.	Date of birth			/			/													



Section A continued on next page

7.	Contact details <b>before</b> discharge			1								_	7										
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	Work phone number																						
	Email address																				Т	Т	
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	Date of birth			/			/																
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12.	Date of <b>medical</b> discharge			/			/																
13.	Substantive rank						_					_									Τ	Т	
14.	Were you in receipt of DFRDB ret			pay	pric	or to	this	s pe	riod	of s	erv	ice?											
		$\overline{}$	No						_	_													
			res	— CC	mpl	ete	Que	estic	on 1	/													



## **Superannuation contributions surcharge**

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15.	If you have a superannuation co productivity lump sum benefit. deducted from your DFRDB ben retirement pay, the debt will be	This is nefit in:	the d	efau . If yo	lt pr	ovisi nake	ion. suc	How h an	elec	r you	ı ca and	n el d als	ect t	o h	ave y	our	del	bt				
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D	Invalidity pa	ay -	- <b>F</b>	<b>o</b> a	y	m	e	nt	t (	de	et	ai	ils	5								
16.	If you were in receipt of DFRDB or <b>Class B</b> , your invalidity pay w made to. The account must be i	ill be p	aid as																			
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			Yes –				•			our su 1 – cc							/ity	(one	! onl	y):		
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18.	This form allows you to provide	detail	s for u	ıp to	two	roll	ove	r fun	ds.													

If you are rolling over part of your superannuation productivity only, write the amount for each institution; if you are rolling over all, write the amount for each institution, except write 'BALANCE' for the last (or only) fund.

Payments will be made directly to the rollover fund(s).

First fund																				
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	SUBL	JRB													STATE			POST	CODE	
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Amount	\$																			
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Identifier (USI)																				
Membership number (known as your Member Client Identifier) for fund																				
Second fund																				
Name of fund																				
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19.



20.	commute part of your retirement pay to a lump sum? If you choose to claim a commutation lump sum, this will permanently reduce your pension. Your pension entitlement will not change if you outlive the life expectancy used to determine your reduction.
	No – go to <b>Part G</b>
	☐ Yes  If Yes, do you elect to:
	commute the <b>maximum</b> entitlement  OR
	commute four times retirement pay  OR
	receive a commutation lump sum of
	\$
21.	You have the choice of applying your post June 1983 contributions (ie your non-concessional contributions) towards the commutation lump sum, to provide a tax-free component of the lump sum, or towards your retirement pay to provide an annual fixed tax-free amount of
	retirement pay.
	Do you want to apply your post June 1983 non-concessional contributions to:
	A – your retirement pay
	B – your commutation lump sum
	If you paid more in superannuation and life insurance premiums before July 1983 than you could claim as a tax deduction, you should indicate the excess contributions amount below. Any excess contributions will be added to your non-concessional contributions.
	Pre-July 1983 excess contributions:
	\$
	This amount can be obtained by telephoning the ATO on <b>131 020</b> , or by quoting your TFN in writing to:
	ATO, Superannuation Business Line PO Box 2000
	Moonee Ponds VIC 3039
	Please provide a letter from the ATO showing your pre-July 1983 amount.
	Lump sum election
22.	Do you want to roll over any of your commutation lump sum?
	No, take all cash as a lump sum – go to <b>Question 24</b>
	Yes
	If Yes, select <b>one</b> option for rollover:
	Roll over all – go to <b>Question 26</b> OR
	Withdraw Member contributions and roll over balance
	(the non-concessional contributions will be paid as a
	tax-free lump sum) OR
	Withdraw
	\$ gross
	as a cash lump sum and roll over the balance
23.	Cash lump sum  If you would like your cash lump sum paid into the account nominated at either Part D or Part E,
	please indicate below:
	Pay into account nominated in <b>Part D Question 16</b>
	Pay into account nominated in Part E Question 19
	If you would like your cash lump sum haid into a different account, please complete Question 24

24.	Give details of the account you vyour commutation only, indicate													re ta	ıking	g pa	rt of	:					
	Type of financial institution		Sav	ings	bar	nk		Bui	ldin	g so	ciety	/		Trac	ding	ban	ık		Cre	dit u	ınior	1	
	Name of institution																						
	Name of account holder(s) (must include your name)																						
	Branch name																						
	Branch (BSB) number				-																		
	Account number																						
	Rollover of lump sum																						
25.	If you are rolling over any of you fund at <b>Question 19</b> and would If you are rolling over part only o you wish to roll over:	like y	our ( ur co	com	mut iuta	tatic tion	n pa lum	aid t p su	o th	at fu plea	und, se a	ple: lso i	ase ndi	indic	the	belo amo	ow. ount						
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			\$																				
			into	the	rol	love	r fu	nd r	omi	nate	ed ir	Pai	rt E	Que	stio	n 18	3						
	If you would like any of your conplease complete <b>Question 26</b> .	nmut	atio	n luı	mp s	sum	paid	d int	:o a	diffe	eren	t rol	love	er fu	nd,								
26.	Give details of the fund(s) you w you to provide details for up to						n luı	np s	sum	paid	d int	o. Tl	his f	orm	allo	)WS							
	Write the amount for each rollov	ver fu	nd,	exce	pt v	vrite	e 'BA	LAI	NCE'	for	the	last	(or	only)	fun	ıd.							
	Payments will be made directly t	to the	roll	love	r fur	nd.																	
	First fund																						
	Name of fund																						
	Postal address																						
		SUBL	JRB														STAT	E		1	POST	CODE	
	Fund ID number																						
	Amount	\$																					
	Australian business number (ABN) of rollover fund							]				]											
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Second fund															
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Postal address															
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Amount	\$														
Australian business number (ABN) of rollover fund															
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Ancillary Be Please indicate whether you wo noting that you can only cash o	ould like to cash c	out or ro Itisfied a - Fill ou im – Go	oll over a Cond at the to to Par	any or lition o able b t H	of Rele	cillary	, ben	efit)			) Par	rt H			
Ancillary benefit type						only) ou ha/ onditi	ive sa	labl atisf	ied				oll ov ny tii		
All types		1	<b>00</b> % o	nly											
										C	OR				
i) Additional personal contr	ibutions		<b>00</b> % o				L								
ii) Salary sacrifice			<b>00</b> % o												
iii) Transfer amounts		1	00% o	nly											

100% only 100% only

100% only

100% only

iv) Spouse contributions

vii) Low income contributions

v) Co-contributions

vi) Super guarantee

28. If you are cashing out any of your Ancillary Benefit, and would like it paid into the account nominated in Question 16, Question 19 or Question 24, please indicate below:    Pay into account nominated in Part E Question 19   Pay into account nominated in Part E Question 19   Pay into account nominated in Part E Question 24   If you would like your Ancillary Benefit paid into a different account, please complete Question 29. Give details of the account you want your benefit paid into. The account must be in Australia. Type of financial institution		Cash only
Pay into account nominated in Part E Question 19   Pay into account nominated in Part E Question 24   If you would like your Ancillary Benefit paid into a different account, please complete Question 29. Give details of the account you want your benefit paid into. The account must be in Australia. Type of financial institution   Savings bank   Building society   Trading bank   Credit union   Name of institution   Name of account holder(s)		
Pay into account nominated in Part F Question 24  If you would like your Ancillary Benefit paid into a different account, please complete Question 29.  Give details of the account you want your benefit paid into. The account must be in Australia.  Type of financial institution   Savings bank   Building society   Trading bank   Credit union  Name of institution   Name of institution   Name of account holder(s)   (must include your name)    Branch (BSB) number   -	to account nominated in Part D Question 16	Pay into account
If you would like your Ancillary Benefit paid into a different account, please complete Question 29.  Give details of the account you want your benefit paid into. The account must be in Australia.  Type of financial institution  Savings bank  Building society  Trading bank  Credit union  Name of institution  Name of institution  Name of account holder(s) (must include your name)  Branch name  Branch (BSB) number  Account number  Rollover only  30. If you are rolling over any of your Ancillary Benefit, and you nominated a single fund at Question 18 or Question 26 and would like your Ancillary Benefit paid into either of those funds, please indicate below:  Pay into fund nominated in Part E Question 18  Pay into fund nominated in Part F Question 26  If you would like your Ancillary Benefit paid into a different fund, please complete Question 31.  Give details of the fund(s) you want your Ancillary Benefit paid into. This form allows you to provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see example below). If you want all of your Ancillary Benefit paid to one rollover funds, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address	to account nominated in Part E Question 19	Pay into account
Give details of the account you want your benefit paid into. The account must be in Australia.  Type of financial institution  Name of institution  Name of institution  Name of account holder(s) (must include your name)  Branch name  Branch (BSB) number  Account number	to account nominated in Part F Question 24	Pay into account
Type of financial institution  Name of institution  Name of account holder(s) (must include your name)  Branch (BSB) number  Account number  Rollover only  If you are rolling over any of your Ancillary Benefit, and you nominated a single fund at Question 18 or Question 26 and would like your Ancillary Benefit paid into either of those funds, please indicate below:    Pay into fund nominated in Part E Question 18     Pay into fund nominated in Part F Question 26     If you would like your Ancillary Benefit paid into a different fund, please complete Question 31.  31. Give details of the fund(s) you want your Ancillary Benefit paid into. This form allows you to provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see example below). If you want all of your Ancillary Benefit paid to one rollover fund, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address	into a different account, please complete Question 29.	If you would like your Ancillary Benefit paid into a diffe
Name of institution  Name of account holder(s) (must include your name)  Branch (BSB) number  Account number  Rollover only  If you are rolling over any of your Ancillary Benefit, and you nominated a single fund at Question 18 or Question 26 and would like your Ancillary Benefit paid into either of those funds, please indicate below:  Pay into fund nominated in Part E Question 18 Pay into fund nominated in Part F Question 26  If you would like your Ancillary Benefit paid into a different fund, please complete Question 31.  31. Give details of the fund(s) you want your Ancillary Benefit paid into. This form allows you to provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see example below). If you want all of your Ancillary Benefit paid to one rollover fund, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address	enefit paid into. The account must be in Australia.	Give details of the account you want your benefit paid
Name of institution  Name of account holder(s) (must include your name)  Branch (BSB) number  Account number  Rollover only  30. If you are rolling over any of your Ancillary Benefit, and you nominated a single fund at Question 18 or Question 26 and would like your Ancillary Benefit paid into either of those funds, please indicate below:    Pay into fund nominated in Part E Question 18     Pay into fund nominated in Part F Question 26    If you would like your Ancillary Benefit paid into a different fund, please complete Question 31.  31. Give details of the fund(s) you want your Ancillary Benefit paid into. This form allows you to provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see example below). If you want all of your Ancillary Benefit paid to one rollover fund, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address	s bank Building society Trading bank Credit union	Type of financial institution Savings bank
Name of account holder(s) (must include your name)  Branch name  Branch (BSB) number  Account number  Rollover only  30. If you are rolling over any of your Ancillary Benefit, and you nominated a single fund at Question 18 or Question 26 and would like your Ancillary Benefit paid into either of those funds, please indicate below:  Pay into fund nominated in Part F Question 18 Pay into fund nominated in Part F Question 26  If you would like your Ancillary Benefit paid into a different fund, please complete Question 31.  31. Give details of the fund(s) you want your Ancillary Benefit paid into. This form allows you to provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see example below). If you want all of your Ancillary Benefit paid to one rollover funds, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address		
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Branch name  Branch (BSB) number  Account number  Rollover only  30. If you are rolling over any of your Ancillary Benefit, and you nominated a single fund at Question 18 or Question 26 and would like your Ancillary Benefit paid into either of those funds, please indicate below:  Pay into fund nominated in Part E Question 18 Pay into fund nominated in Part F Question 26  If you would like your Ancillary Benefit paid into a different fund, please complete Question 31.  Give details of the fund(s) you want your Ancillary Benefit paid into. This form allows you to provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see example below). If you want all of your Ancillary Benefit paid to one rollover fund, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address		
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Branch (BSB) number  Account number  Rollover only  30. If you are rolling over any of your Ancillary Benefit, and you nominated a single fund at Question 18 or Question 26 and would like your Ancillary Benefit paid into either of those funds, please indicate below:  Pay into fund nominated in Part E Question 18 Pay into fund nominated in Part F Question 26  If you would like your Ancillary Benefit paid into a different fund, please complete Question 31.  31. Give details of the fund(s) you want your Ancillary Benefit paid into. This form allows you to provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see example below). If you want all of your Ancillary Benefit paid to one rollover fund, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address		
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Rollover only  30. If you are rolling over any of your Ancillary Benefit, and you nominated a single fund at Question 18 or Question 26 and would like your Ancillary Benefit paid into either of those funds, please indicate below:  Pay into fund nominated in Part E Question 18 Pay into fund nominated in Part F Question 26  If you would like your Ancillary Benefit paid into a different fund, please complete Question 31.  31. Give details of the fund(s) you want your Ancillary Benefit paid into. This form allows you to provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see example below). If you want all of your Ancillary Benefit paid to one rollover fund, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address	] - [ ]	Branch (BSB) number -
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If you would like your Ancillary Benefit paid into a different fund, please complete Question 31.  Give details of the fund(s) you want your Ancillary Benefit paid into. This form allows you to provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see example below). If you want all of your Ancillary Benefit paid to one rollover fund, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address	enefit, and you nominated a single fund at <b>Question 18 or</b>	
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Postal address	to fund nominated in <b>Part E Question 18</b> to fund nominated in <b>Part F Question 26</b> into a different fund, please complete <b>Question 31</b> . cillary Benefit paid into. This form allows you to	Pay into fund no If you would like your Ancillary Benefit paid into a diffe Give details of the fund(s) you want your Ancillary Ben provide details for up to two rollover funds.
Name of fund  Postal address	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to	Pay into fund no  If you would like your Ancillary Benefit paid into a difference of the fund(s) you want your Ancillary Benefit provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see each Ancillary Benefit paid to one rollover fund, write 'ALL'
Postal address	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.	Pay into fund no  If you would like your Ancillary Benefit paid into a difference details of the fund(s) you want your Ancillary Benefit provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see each Ancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.
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SUBURB STATE POSTCODE	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.	Pay into fund no If you would like your Ancillary Benefit paid into a diffe Give details of the fund(s) you want your Ancillary Ben provide details for up to two rollover funds. Write the Ancillary Benefit type(s) for each fund (see e Ancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters. Payments will be made directly to the rollover funds.  First fund
SUBURB STATE POSTCODE	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.	Pay into fund no  If you would like your Ancillary Benefit paid into a difference of the fund(s) you want your Ancillary Bene provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see each Ancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund
	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.	Pay into fund no  If you would like your Ancillary Benefit paid into a difference of the fund(s) you want your Ancillary Bene provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see each Ancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund
	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.  yer funds.	Pay into fund no  If you would like your Ancillary Benefit paid into a difference of the fund(s) you want your Ancillary Bene provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see each Ancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address
Fund ID number	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.  yer funds.	Pay into fund no  If you would like your Ancillary Benefit paid into a difference of the fund(s) you want your Ancillary Bene provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see each Ancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address
Amount \$	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.  yer funds.	Pay into fund no  If you would like your Ancillary Benefit paid into a differ  Give details of the fund(s) you want your Ancillary Benefit provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see etancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address
Australian business number (ABN) of rollover fund	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.  yer funds.	Pay into fund no  If you would like your Ancillary Benefit paid into a differ  Give details of the fund(s) you want your Ancillary Benefit provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see etancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address  Fund ID number
Unique Superannuation	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.  yer funds.	Pay into fund no  If you would like your Ancillary Benefit paid into a differ  Give details of the fund(s) you want your Ancillary Benefit provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see etancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address  Fund ID number  Amount  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Identifier (USI)	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.  yer funds.	Pay into fund no  If you would like your Ancillary Benefit paid into a diffet  Give details of the fund(s) you want your Ancillary Ben provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see e Ancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address  Fund ID number  Amount  \$  Australian business number (ABN) of rollover fund Unique Superannuation
Membership number (known as your Member Client Identifier) for fund	to fund nominated in Part E Question 18 to fund nominated in Part F Question 26 into a different fund, please complete Question 31. cillary Benefit paid into. This form allows you to fund (see example below). If you want all of your write 'ALL' beside the 'Ancillary benefit type' below.  yer funds.	Pay into fund no  If you would like your Ancillary Benefit paid into a differ  Give details of the fund(s) you want your Ancillary Benefit provide details for up to two rollover funds.  Write the Ancillary Benefit type(s) for each fund (see etancillary Benefit paid to one rollover fund, write 'ALL' Please use block letters.  Payments will be made directly to the rollover funds.  First fund  Name of fund  Postal address  Fund ID number  Amount  Australian business number (ABN) of rollover fund Unique Superannuation Identifier (USI)

	Second fund																					
	Name of fund																					
	Postal address																					_
	r ostar address																					
		SUB	IIDD														STATI			DOST	CODE	
		300	UKB.														JIAII			F031	CODE	
	Fund ID number																					_
													1									
	Amount	\$																				
	Australian business number (ABN) of rollover fund																					
	Unique Superannuation																					
	Identifier (USI)																					
	Membership number (known		T								I											
	as your Member Client Identifier) for fund																					
	Ancillary benefit type	1.																				
		2.																				
		3.																				_
																						_
		4.																	<u></u>			
	If you would like to roll over you details under <b>Part F</b> on a separat				enefi	it to	mor	e th	an c	one	func	d, pl	ease	100	nple	ete t	he					
	Example:	Fi	rst f	und	:				alary													
		Se	econ	ıd fu	nd:				o-cc ddit					ont	ribu	tion	S					
									rans													
	Your pre-ser	vi	CE	٠ (	20	łυ	IC	al	tic	r	1 2	ar	nd	l t	ra	ai	ni	n	σ			
,	rour pre ser	••								•		<b>,</b>							D			
	What grade/level of schooling di	d yo	u co	mpl	ete l	befo	re le	eavii	ng so	cho	ol?											
		D	D	1	М	М	1	Υ	Υ	Υ	Υ	1										
	Date of leaving school			/			/															
	What was the highest/last public	exa	min	atio	n yo	u pa	ssec	d at	scho	ol?												
	Year of completion	Υ	Υ	Υ	Υ	]																
	. 13. 0. 00piction																					

32.

33.

34.	What tertiary study or technical t	rain	ng h	ave	you	100	mple	eted	?									
		Υ	Υ	Υ	Υ										1			
	Year(s) of completion																	
		Υ	Y	Υ	Y													
35.	What professional, technical or to	rade	qual	ifica	atior	ns d	id yo	ou g	ain?									
36.	What tertiary study or technical t	raini	ng h	ave	you	ı paı	rtiall	ly co	mp	lete	d?							
	Years of study	Υ	Y	Υ	Y	to	Y	Υ	Υ	Y								



## Your pre-service employment history

Include self-employment and periods of unemployment.

If you need more space please attach additional details.

37.	Period 1		
	Name of employer		
			_
	Employed as		
	Brief description of duties undertaken	DESCRIPTION OF DUTIES	
	Duration	D D M M Y Y Y Y T D D M M Y Y Y Y Y T T T T T T T T T T T T T	_

38.	Period 2																						
	Name of employer																						
	Employed as																						
	Employed as																						_
	Brief description of duties undertaken	DES	CRIP	TION	OF DU	ITIES																	
	Duration	D	D	/	M	М	] /	Υ	Y	Y	Y	to	D	D	/	М	M	] /	Υ	Υ	Y	Y	
39.	Period 3																						
	Name of employer																						
	Employed as																						
	Brief description of duties undertaken	DES	CRIP	TION	OF DU	ITIES																	
	Duration	D	D	7	М	М	,	Υ	Υ	Υ	Υ	to	D	D	,	М	М	,	Υ	Υ	Υ	Υ	
40.	Period 4			_ /			_ /					10			/			_ /					
	Name of employer																						
	Employed as			<u> </u>																			
		DES	CRIP	TION	OF DU	ITIES																	
	Brief description of duties undertaken	D	D		M	М		Y	Υ	Y	Y		D	D		M	M		Y	Y	Y	Y	
	Duration			/	IVI	101	/	Ċ	Ė	Ė	Ė	to			/	141	101	/	Ė			•	
41.	Period 5		-	_			J			-		J						J					
	Name of employer																						
	Employed as																						
	Brief description of duties undertaken	DES	CRIP	TION	OF DU	ITIES																	
		D	D	7	М	М	1	Υ	Υ	Υ	Υ	7	D	D		М	М	1	Υ	Υ	Υ	Υ	
	Duration  If you need more space please attach add		L	_ /			/					to			/			/					
			. 1101	aus																			



## In-service education and training

42.	What education of trade course.	5 Hav	e yo																				
		Υ	Υ	Υ	Υ																		
	Year(s) of completion																						
		Υ	Υ	Υ	Υ																		
43.	What professional, technical or t	trade	qua	alific	atior	ns d	id yc	ou g	ain?														
44.	What education or trade course	s hav	e vo	u pa	artial	llv c	amo	lete	d?														
				-		, -																	
	Year(s) of study	Y	Y	Y	Y																		
		Y	Υ	Υ	Υ																		
	If you need more space please attach add	ditiona	al det	ails o	r atta	ch in	forma	ation	obta	ined	from	n serv	ice r	ecord	s.								
7																							
R	In-service er	nj	ρl	<b>O</b> '	yr	n	eı	nt	: <b>¦</b>	nis	st	:O	ry	/									
K	In-service er							nt	: <b>h</b>	nis	st	:O	ry	/									
45.	Include self-employment and pe							nt	: <b>t</b>	nis	st	:0	ry	/									
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45.	Include self-employment and pe Period 1 Employed as	eriods	s of u	uner	nplo	ym		nt	: <b> </b>	nis	st	<b>30</b>	ry	/									
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47.	Period 3																						
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48.	Period 4																						
	Employed as																						
	Brief description of duties undertaken	DESC	CRIPT	TION C	)F DUTI	ES																	
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49.	Period 5																						
	Employed as																						
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If you need more space please attach additional details or attach information obtained from service records.



## **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 Officer

• a Non-Commissioned Officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service

- a Warrant Officer within the meaning of that Act.
- Midwife
- Notary Public
- Nurse
- · Occupational therapist
- Physiotherapist
- · Psychologist.

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 S



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.

Please note:

We require a copy of

both sides of your

identification document.



## **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.



## **Tax File Number**

Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your Tax File Number (TFN), which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving us your TFN will have the following advantages (which may not otherwise apply):

- we will be able to accept all types of contributions (subject to scheme rules)
- the tax on contributions to your superannuation account(s) will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If you have already provided your TFN to your scheme, you are under no obligation to provide it again in this application.

Your TFN remains confidential.

**Note:** We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit can be rolled over to another fund using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit navment may be delayed.

payment may be delayed.			
Your Tax File Number			
Can DFRDB give your TFN to the i	rollover fund(s)/RS	SA(s) nominated abov	ve?
	Yes	○ No	O Not applicable



## **Document list**

- 50. If applicable, when you lodge this form, please provide the following documents:
  - A copy of the Defence Force's acceptance of long service leave credit (if you are claiming an additional period)

If you joined the Defence Force before 1 July 1983, your eligible service period (for PAYE taxation purposes in respect of any lump sum payments) may include periods of employment recognised for long service leave purposes. If such a period is not already included in your total period of effective service, you should provide details of the periods if you wish to have them included in your eligible service period.

If you claim an additional period, you must attach to this application a copy of the Defence Force's acceptance of the periods for long service purposes.

- · A marriage certificate.
- Medicare levy variation declaration.
   (if you are claiming a Medicare levy exemption against a pension entitlement) the form is available from the ATO website.
- Print-out from Department of Defence showing in-service education training (you must provide this document if possible see **Part J**).
- Print-out from Department of Defence showing in-service employment history (you must provide this document if possible – see Part K).
- Authority to request information from Defence.



## **Member declaration**

## **51.** 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 have been advised to read the MilitarySuper PDS and the DFRDB Book before completing this application form
- I understand the options available for my benefit entitlement.

I also declare in relation to my Tax File Number (TFN) that:

- I have read and understood the information set out in **Part M**; I understand that supplying my TFN is optional and that if I have not provided my TFN, tax will be deducted at the top marginal rate
- the TFN I have provided is the same number advised to me by the Australian Taxation Office
- my TFN will be provided to a rollover fund unless I advise CSC or DFRDB not to.

I understand that if I have not provided all the required information, this application may be returned to me for completion and payment may be delayed.



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## Department of Defence Authority to provide medical and employment records

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authorise the Department of Defence to make available to CSC full records relating to my employment, training and medical history (including clinical notes and psychological records) in respect of my Defence Force service and/or advice in respect of such employment, training and medical history.

I also authorise CSC to release copies of the documents obtained under this authority to appropriate medical advisers where such release is necessary for the administration of the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973* or the *Military Superannuation and Benefits Act 1991*.

I understand that, whilst the information will be subject to standard confidentiality requirements, they may be obliged, under the legislative provisions that have application to it, to release the information provided, in whole or in part, to a tribunal or Court.

This authorisation is to remain in force until revoked by me in writing.



The information to be collected on the basis of this authorisation is for a lawful purpose which is necessary for, or directly related to, the administration of the *Defence Forces Retirement Benefits* (*DFRB*) Act 1948, the *Defence Force Retirement and Death Benefits* (*DFRDB*) Act 1973 and the *Military Superannuation and Benefits* (*MSB*) Act 1991.

I understand that any information relating to my medical history collected under this authorisation may be liable to release to other Australian Government agencies in accordance with the disclosure provisions of the Australian Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies (such as the Department of Veterans' Affairs) concerned with the provision of financial benefits which may be affected by your entitlements under the *DFRB Act 1948*, the *DFRDB Act 1973* and the *MSB Act 1991*.



# Department of Veterans' Affairs (DVA) and/or Military Rehabilitation and Compensation Commission (MRCC) – Authority to provide information

	DVA/MRCC reference number																
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authorise the Department of Veterans' Affairs (DVA) and/or the Military Rehabilitation and Compensation Commission (MRCC) to make available to CSC on presentation of a copy of this authority, any medical reports, determinations, correspondence and other records and/or advice pertinent to those matters which CSC may request from time to time for the purpose of the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973* or the *Military Superannuation and Benefits Act 1991*.

I also authorise CSC to release copies of the documents obtained under this authority to its medical advisers where such release is necessary for the administration of the abovementioned legislation.

I understand that, whilst the information will be subject to standard confidentiality requirements, CSC may be obliged, under the legislative provisions that have application to it, to release the information provided, in whole or in part, to a tribunal or Court.

This authorisation is to remain in force until revoked by me in writing.



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The information to be collected on the basis of this authorisation is for a lawful purpose which is necessary for, or directly related to, the administration of the *Defence Forces Retirement Benefits (DFRB) Act 1948*, the *Defence Force Retirement and Death Benefits (DFRDB) Act 1973* and the *Military Superannuation and Benefits (MSB) Act 1991*.

I understand that any information relating to my medical history collected under this authorisation may be liable to release to other Australian Government agencies in accordance with the disclosure provisions of the Australian Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies (such as the Department of Veterans' Affairs) concerned with the provision of financial benefits which may be affected by your entitlements under the *DFRB Act 1948*, the *DFRDB Act 1973* and the *MSB Act 1991*.



## You have now completed this form.

54. Send your completed application and attachments to:

> DFRDB **GPO Box 2252** Canberra ACT 2601 **Australia**

OR

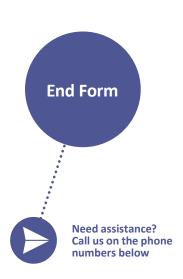
You can fax or email documents to formsandapplications@csc.gov.au

## **Privacy**

We're collecting the information on this form in order to:

- confirm your identity
- assess your eligibility for payment/rollover of the benefit
- record up to date details relating to your spouse (if applicable) for future benefit eligibility
- pay your benefit or to roll it over
- contact you.

Personal information that you or a third party provide, such as your employer, i s collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via csc.gov.au, or by contacting DFRDB on 1300 001 677 or MilitarySuper on 1300 006 727, for the purpose of managing your super. This includes the management of superannuation investments, providing superannuation products and information, the administration of accounts, 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.





enq.militarysuper.gov.au





**Fax** (02) 6275 7010







