

B Banking details

2. Please confirm the following details:

Name of institution

Name of account holder(s)

Branch name

Branch (BSB) number -

Account number

C Education details

3. Name of school/college/ university

Address of school/college/ university

ADDRESS

SUBURB STATE POSTCODE

Type of course (eg HSC, degree)

Duration of course for this academic year

from
 D D / M M / Y Y Y Y
 / /

to
 D D / M M / Y Y Y Y
 / /

 Stamp

STAMP OR SCHOOL/COLLEGE/UNIVERSITY

I certify that this student, whose date of birth is and address is recorded as

D D / M M / Y Y Y Y
 / /

RESIDENTIAL ADDRESS

SUBURB STATE POSTCODE

is undertaking full-time study.

 Sign

PRINCIPAL/REGISTRAR SIGNATURE

Date signed
 D D / M M / Y Y Y Y
 / /

D Declaration

4. I declare 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.

 **Sign**

SIGNATURE

Date signed

/ /

E Lodgement

You have now completed this form.

5. Send your completed application and attachments to:

DFRDB
GPO Box 2252
Canberra ACT 2601
Australia

Privacy

We're collecting the information on this form for the following reasons:

- to confirm your child's identity
- to assess your child's eligibility for payment of the benefit
- to pay your child's benefit.

Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via dfrdb.gov.au or by contacting **1300 001 677**, 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.

End Form



Need assistance?
Call us on the phone
numbers below



Email
pensions@dfrdb.gov.au



Phone
1300 001 677



Fax
(02) 6275 7010



Post
DFRDB
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Canberra ACT 2601



Web
csc.gov.au



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