



Election to cease membership

Application form and Explanatory notes

Only use this form and explanatory notes if you are a contributing member of PSS (and are not on leave without pay that does not count as service) and wish to cease PSS membership to join an alternative scheme (PSSap if you are eligible – check with your employer).

Before completing this application form you should read the **PSS Product Disclosure Statement (PDS)** and the **Ceasing PSS membership factsheet** at pss.gov.au or call **1300 000 377**.

It is important to note that once you have made a valid election to cease your PSS membership, we will preserve your benefit and there is **no option to re-join the scheme at a later date**.

Explanatory notes

These notes are intended to assist you in completing the attached form. They are not intended to provide a detailed explanation about your option to cease PSS membership.

Where to find out more about your option to cease PSS membership

Please refer to our publications outlined on page 1 when you are deciding on your options. There are also factsheets, calculators and case studies available at csc.gov.au

Other sources of information include the following:

Our Customer Information Centre:

- Phone: 1300 000 377
- Email: members@pss.gov.au

It is in your interest to seek professional advice before you make a decision. For information on the personal advice service available to you, please refer to the first page of this information leaflet.

The PSS election to cease membership form

Take care when completing this form. If you do not complete the application form correctly we may declare it void.

Financial advice for your needs and goals

Obtaining professional advice from an experienced financial planner can help you reach your financial goals.

CSC's authorised financial planners provide 'fee for service' advice, which means you receive a fixed quote upfront. There are no obligations, commissions or hidden fees.

To arrange an initial advice appointment please call **1300 277 777** during business hours.



Commonwealth
Superannuation
Corporation

The information provided in this form is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial advisor. You should obtain a copy of the relevant Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243, AFSL: 238069, RSEL: L0001397

Defence Force Retirement and Death Benefits Scheme
ABN: 39 798 362 763

Australian Defence Force Superannuation
ABN: 90 302 247 344
RSE: R1077063

Commonwealth Superannuation Scheme
ABN: 19 415 776 361
RSE: R1004649

Public Sector Superannuation accumulation plan
ABN: 65 127 917 725
RSE: R1004601

Military Superannuation and Benefits Scheme
ABN: 50 925 523 120
RSE: R1000306

Australian Defence Force Cover
ABN: 64 250 674 722

Public Sector Superannuation Scheme
ABN: 74 172 177 893
RSE: R1004595

1922 Scheme DFRB Scheme PNG Scheme DFSPB
CSC retirement income

A Personal details

Please complete all the boxes in **Section A**. This enables us to identify you and tell us where to contact you.

Relationship details

Please provide details of your relationship status, including same sex or opposite sex de facto relationships. You may wish to include a copy of your marriage certificate or registered relationship certificate with your application. This would speed up the process in the event that a spouse's benefit becomes payable.

For the definition of a spouse for death benefits, see the **Death benefits** factsheet at csc.gov.au

Contact details

This postal address is where we will send all correspondence to you.

We also require contact phone numbers, in case we need to contact you. Your current work number, an email address, either at work or at home, is useful for us to contact you quickly.

Employment details

Please provide the details of your current employer so we can contact them if required.

B Identification requirements

To protect against fraud, safeguard your benefit and comply with the Government's Anti-Money Laundering and Counter Terrorism Financing Legislation, you need to provide documentation to prove your identity.

You can do this via a 100 point identification check at Section B. Refer to Verify my identity electronically and Verify my identity using certified documents for more information.

C Information acknowledgement

Please complete this to acknowledge that you have received and understood sufficient information to be able to make an informed choice about your election to cease PSS membership.

You are making a formal election under the provision of the *Superannuation Act 1990*. This election is binding and you cannot change it.

We **strongly recommend** you make use of the information sources outlined at the start of the **Explanatory notes before** you complete this section.

D Joining an alternative scheme

When you elect to cease PSS membership, one of the following two options will apply to you:

- if you are eligible to be a member of PSSap you will automatically join PSSap

or

- if you are not eligible to be a member of PSSap you can elect to join a superannuation fund of your choice provided your employer agrees to make superannuation contributions on your behalf into that superannuation fund.

It is very important that you discuss with your employer your intention to cease PSS membership and the options available to you to join another superannuation scheme. Your PSS membership will not cease until you have become a member of another superannuation scheme. It is not sufficient that you elect to cease PSS membership; you must also become a member of another superannuation scheme for the cessation of your PSS membership to take effect.

You should tick which statement applies to you in this section.

E Transfer amounts currently held by PSS

If you have a transfer value you can pay the transfer value into an accumulation scheme. There are two types of transfer values:

- post 1996 transfer values
- pre 1996 transfer values.

Be aware that if you don't elect to rollover your transfer amount (on this election form) it will be included in the amount left preserved in PSS and you will not be able to access any part of your benefit until you meet a condition of release.

F Taxation

Start date for taxation purposes

For taxation purposes, your lump sum benefit is called a Superannuation Lump Sum Payment.

The start date relates to the date your eligible service period (ESP) started and is used to calculate the various components of your Superannuation Lump Sum Payment for taxation purposes.

Generally, your ESP is the number of days between the date you started your current employment (which may be earlier than the date you joined CSS or PSS), and the date your payment is made. If you were formerly a CSS member who started membership before 1 July 1983 and you have a long service leave start date that is earlier than your CSS start date, that earlier date applies as your ESP start date.

Earlier periods of employment for which you paid a transfer value into CSS or PSS are added to your ESP. If this is the case, please fill in the start date of that earlier service.

If you do not show a date in this section, we will use the date on which you joined PSS as your start date (unless you transferred from CSS, in which case we will use your CSS start date). If you are leaving your entire benefit (including any transfer amounts) preserved in PSS you do not need to fill out this section.

Tax file number (TFN)

E2 Your Tax File Number

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

If you have not been issued a TFN you should lodge an Australian Taxation Office (ATO) application/enquiry form with the ATO. Forms are available at ato.gov.au or all ATO branches. You must provide proof of identity at the time you lodge the form.

E3 Approval to advise your TFN to rollover funds

We will provide your TFN to the receiving fund unless you instruct us not to. Please note that there are consequences for not supplying your TFN to a fund.

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 or paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

G Departmental report

Cessation date

Your PSS membership will not cease until you have become a member of another superannuation scheme. It is not sufficient that you elect to cease PSS membership; you must also become a member of another superannuation scheme for the cessation of your PSS membership to take effect. Therefore, your cessation date is the day BEFORE the date you join your new fund.

What next?

Do not send the completed application form directly to us.

When you have completed **Sections A, B, C, D, E and F** of this form please give the form to your personnel section so they can complete the relevant section. Your personnel section will forward the completed form to us.

Privacy

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 pss.gov.au or by contacting us on **1300 000 377**, 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.

Change of address

We will preserve your benefit in PSS and it is important that you advise us of any change in your postal address. This will enable us to forward information to you each year regarding your benefit.

Note: if you are a preserved benefit member and don't advise us of your change of address, we may treat you as a 'lost member'. This may ultimately result in your benefit being classed as 'unclaimed' once you reach 65.



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Election to cease membership

Application form

Hints on using this form

- Read the **Explanatory notes** and each section of the form carefully before filling it in
- Use CAPITAL LETTERS and a blue or black pen
- Sign your name where needed. If you don't sign the relevant sections of the form, we will return it to you.

A Personal details

Reference number (AGS)

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Cessation date

D	D	M	M	Y	Y	Y	Y

Salutation

Mr
 Mrs
 Ms
 Miss
 Other

--	--	--	--	--	--	--	--

Surname

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Given name(s)

Date of birth

D	D	M	M	Y	Y	Y	Y

Previous memberships
Have you had any other periods of PSS membership? If so, please list the reference (AGS) number(s) for each of those memberships.

1

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2

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4

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Relationship details

Relationship details

Married
 Single
 De facto

Spouse's name

GIVEN NAME(S)

SURNAME



Commonwealth Superannuation Corporation

Section A continued on next page

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Public Sector Superannuation accumulation plan
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RSE: R1004601

Military Superannuation and Benefits Scheme
ABN: 50 925 523 120
RSE: R1000306

Australian Defence Force Cover
ABN: 64 250 674 722

Public Sector Superannuation Scheme
ABN: 74 172 177 893
RSE: R1004595

1922 Scheme DFRB Scheme PNG Scheme DFSPB
CSC retirement income

Start date of de facto relationship (if applicable)

DD / MM / YYYY

Spouse's date of birth

DD / MM / YYYY

Your contact details

Address

RESIDENTIAL ADDRESS

SUBURB STATE POSTCODE

Phone

BUSINESS HOURS AFTER HOURS

MOBILE NUMBER

Would you like to receive an SMS to confirm we have received your application?

No Yes

Email

Email address input

Employment details

Name of employing department or agency

Employment details input

B Identification requirements

To protect your benefit against fraud, money laundering and terrorism financing, under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 you must prove your identity. To do this you can either:

Choose to have documents verified electronically by completing the section Verify my identity electronically.

OR

Provide certified hard copy documents by completing the section Verify my identity using certified documents. We do not want you to send us your original documents.

An electronic copy of 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 purposes of confirming your identity.

Verify my identity electronically

Your documents will be verified electronically using Document Verification Service (DVS), 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.

I agree to the use of DVS to verify my documents

Note that if you do not agree, you will need to provide certified (not original) hard copy documents and complete the section 'Verify my identity using certified documents.'

You need to provide the requested details of documents (exactly as they appear on the documents) which total at least 100 points. For example your birth certificate and driver's licence total 110 points.

70 points

You can only provide the details of **one** document valued at 70 points.

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OR

Australian Citizenship Certificate

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OR

Current Australian Passport

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Given name(s)	<input type="text"/> <input type="text"/>																				
Date of birth	<table><tr><td><small>D</small></td><td><small>D</small></td><td></td><td><small>M</small></td><td><small>M</small></td><td></td><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<small>D</small>	<small>D</small>		<small>M</small>	<small>M</small>		<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Document No	<input type="text"/>																				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female																				

40 points

Australian Driver's Licence or another licence or permit issued under a law of the Commonwealth, a state or territory

Family name	<input type="text"/>																				
Given name(s)	<input type="text"/> <input type="text"/>																				
Middle name	<input type="text"/>																				
Date of birth	<table><tr><td><small>D</small></td><td><small>D</small></td><td></td><td><small>M</small></td><td><small>M</small></td><td></td><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<small>D</small>	<small>D</small>		<small>M</small>	<small>M</small>		<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Section B continued on next page

Licence No

Registration state **STATE**

25 points

You can provide the details of more than one document valued at 25 points and points will accumulate.

Marriage Certificate or Change of Name Certificate

Type of Certificate Marriage Change of name

Family name (new)

Given name(s) (new)

Family name (old)

Given name(s) (old)

Date of event
(Date of Birth or
Date of Marriage)
D D / M M / Y Y Y Y

Registration No

Spouse's family name

Spouse's given name

Registration state **STATE**

Registration date
D D / M M / Y Y Y Y

Registration year

Date printed
D D / M M / Y Y Y Y

Certificate No

Medicare Card

Card No

Reference No

Family name

Given name(s)

Card colour Green Blue Yellow

Expiry date
D D / M M / Y Y Y Y

Verify my identity using certified documents

Note that if you have completed the section 'Verify my identity electronically', you do not need to complete this section and can go to Section C.

I wish to verify my identity using certified documents

You need to provide clear and legible, validly certified (not original) documents, as outlined below, which **total at least 100 points**.

70 points (you can only provide one certified document valued at 70 points)

- Australian birth certificate
- Australian citizenship certificate
- Current Australian passport
- Birth card issued by the NSW Registry of Births, Deaths and Marriages
- Another document of identity having the same characteristics as a passport (e.g. diplomatic documents or some documents issued to refugees)

40 points

- Australian driver's licence or another licence or permit issued under a law of the Commonwealth, a state or territory
- Student ID card issued by a tertiary education institution
- Identification card issued by the Commonwealth, a state or territory as evidence of your entitlement to a financial benefit
- ADF ID card/pass
- Identification card issued to a public employee

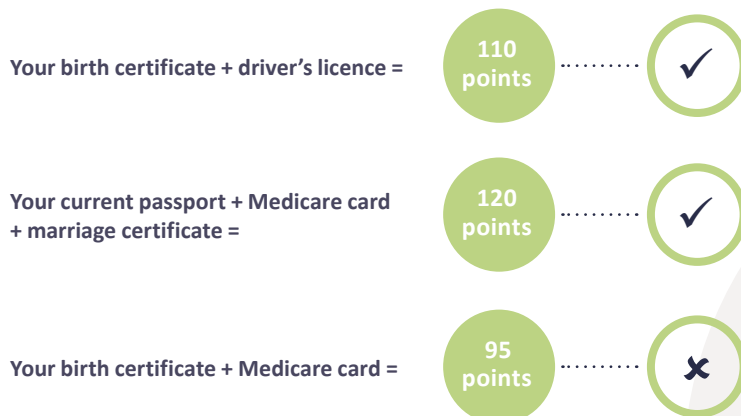
You can provide more than one of these documents, but only one will be valued at 40 points. Additional documents will only be valued at 25 points each.

25 points

- Marriage certificate (for maiden name)
- Medicare card
- Change of name certificate
- Rates notice
- Telephone account
- Foreign driver's licence

You can provide more than one of these documents and points will accumulate. However, points from a particular source may only be counted once. E.g. where you have a telephone bill for a mobile account and a home account issued by the same provider, only one may be counted.

Examples



Certifying your documents

The following sample of certifying authorities can certify your documents:

- Justice of the Peace (JP)
- Pharmacist
- Police officer
- Medical practitioner
- Legal practitioner enrolled on the roll of a supreme court or the High Court of Australia
- Bank officer with two or more continuous years of service
- Permanent employee of Australia Post with two or more years of continuous service
- Member of the Australian Defence Force who is:
 - an officer or a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with two or more years of continuous service

or

- a warrant officer within the meaning of that Act.

For a full list of certifying authorities refer to the *Statutory Declarations Regulations 1993* available at legislation.gov.au

The certifying authority must confirm in writing that you are the valid holder of the identification that you are presenting and that any copies are true copies of the original. The certification must include the name, address, occupation, telephone number, registration number of the certifying authority (if applicable) and the date of the certification.

If you live overseas and need to have documents certified or make a Statutory Declaration, it needs to be done 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.

Information acknowledgment

I have been advised to read the **PSS** and **PSSap PDS** before completing this form.

I understand that:

- I have been advised to read the explanatory notes and seek financial advice based on my personal situation and needs
- in electing to cease PSS membership in order to become a member of an alternative scheme I am making a formal election to cease PSS membership under the provisions of PSS legislation and that **I cannot subsequently revoke** this election
- I will become a member of PSSap (Commonwealth Superannuation Corporation's accumulation fund) or, if I am not eligible to join PSSap, a superannuation fund of my choice and the accrual of my superannuation benefit will be subject to the rules of those superannuation funds
- my insurance arrangements will be different in PSSap compared to those in PSS. This means I will receive the default cover and will be subject to limited cover for the first 12 months of membership; I am aware that if I wish to increase my level of insurance cover in PSSap it will be subject to underwriting
- my entire PSS benefit will be preserved in PSS until I become eligible under PSS rules to claim it
- if I have any transfer values and wish to roll them out of PSS into an accumulation plan I need to do so in this form (see **Section E**)
- while preserved, my member and productivity components, any amounts I transferred into PSS and my co-contributions (if applicable) will accrue at the earning rate of the fund; my employer component will accrue at CPI rate
- once my election to cease membership has been accepted I will no longer have an entitlement to re-join PSS, regardless that I remain a PSS preserved benefit member
- I understand that by making this election I do so in respect of all my PSS memberships including any concurrent memberships
- I have attached a copy of my marriage certificate or registered relationship certificate (if I have one).



Sign

SIGNATURE

Date signed

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"/>



Taxation

1. What is your start date for taxation purposes?

See **Section F** in the **Explanatory notes**

D	D	/	M	M	/	Y	Y	Y	Y

2. Providing your TFN is voluntary. If you choose not to provide it you will not commit an offence. The consequences of not providing your TFN are:

- tax will be deducted from your benefit/s at the highest marginal rate
- the trustee of another superannuation scheme or RSA provider holding your benefits now or in the future may not be able to locate, amalgamate or identify your benefits in order to pay you.

Note that these consequences may change in the future as a result of legislative change.

PSS is authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*. We will treat your TFN as confidential and will only use it for legal purposes, which include:

- disclosing it to the trustee of an eligible superannuation entity, regulated exempt public sector superannuation scheme or RSA provider to which your benefits are transferred in the future, unless you specifically instruct us not to
- finding or identifying your superannuation benefits where other information is insufficient
- calculating tax on your benefits
- providing information to the Commissioner for Taxation
- validating 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 or paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

Note that the lawful purposes may change in the future as a result of legislative change.

Important note: If you have already provided your TFN to us you are under no obligation to provide it again when making an application for benefits. However, if your TFN is NOT recorded by us, payment of your benefits may be delayed.

3. Select this box if you do not want us to pass on your TFN

What is your Tax File Number?

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We are authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*. **Section E** of the **Explanatory notes** summarises the legal uses of your TFN.

Member checklist

- Have you
- read all the explanatory notes, received a benefit estimate, and any other information you require to make an informed choice?
 - filled in all the sections applicable to you?
 - completed the identification requirements in **Section B**?
 - signed the declaration in **Section C**?
 - signed an election option in **Section D**?
 - completed rollover nomination details at **Section E**?
 - provided an 'ESP start date' (if appropriate) in **Section F, Question 1**?
 - provided your TFN in **Section F, Question 2**?
 - attached a copy of your marriage certificate or registered relationship certificate?

You have now completed this form. Please return it, with any attachments, to **your personnel section or pay office** for completion of the Departmental report and forwarding to us.

Don't forget to check with your personnel section or pay office to ensure that your benefit application has been forwarded to us.

End Form



Departmental report – personnel section or pay office to complete

Member's name

Reference number (AGS)

Date of election to cease PSS membership / /

Date joined new super fund / /

Name of new super fund

Salary for superannuation benefit purposes at date of exit:

Salary for superannuation benefit purposes at 1 July 1999

\$

Salary for superannuation benefit purposes at date of exit

\$

Note: This is the member's salary for superannuation benefit purposes as at the date of exit. This can be greater than the salary for superannuation contribution purposes at the last birthday.

Last three superannuation variations including the payday that contributions were ceased (usually the payday after the date of exit).

	PAYDAY OF THE ADJUSTMENT	OLD PERM. CONT.	NEW PERM. CONT.	CURRENT ADJUSTMENT	POSITIVE OR NEGATIVE
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> + <input type="checkbox"/> -
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> + <input type="checkbox"/> -
3.	<input type="text"/>	<input type="text"/>	NIL	<input type="text"/>	<input type="checkbox"/> + <input type="checkbox"/> -

Personnel checklist

NOTE: Failure to provide the documents outlined in this checklist will result in delays in processing this application. We require the following information:

- | YES | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | | Employee's signature and date of birth confirmed |
| <input type="checkbox"/> | | Superannuation history card or computer print-out attached |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the employee receiving an allowance (or did they receive such an allowance in the past three years) that increases salary for superannuation purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes , is the allowance automatically recognised as salary for superannuation purposes? If the allowance is not automatically recognised as salary for superannuation purposes, please attach form S17A , S17S or S17T . |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the member ever worked part-time hours? If yes , please attach details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the employee had any periods of LWOP in the two years prior to date of exit? If yes , attach details of starting and ceasing date(s), and type of leave. |

