



Application by Associate to Rollover Associate A Benefit

Important information about this form

Who should use this form?

Use this form if you:

- are an Associate of MilitarySuper and
- have an Associate A and/or Associate B benefit in MilitarySuper and
- have not reached your preservation age (see table below) and
- wish to rollover your Associate A benefit.

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

Associate A & Associate B benefits

Your benefit may consist of one or both of the following:

- Associate A benefit – is a taxed benefit that is held for a person as units in one or more Investment Divisions in MilitarySuper.
- Associate B benefit – is an untaxed benefit that is indexed annually at the long term bond rate.

Rollover fund nominations

If you are choosing to rollover part of your benefit, it must be paid to a complying superannuation fund, rollover fund, Retirement Savings Account (RSA). We will not deduct tax from any amount rolled over to another fund however, the receiving fund will deduct 15% tax from any untaxed component of the rollover.

You can nominate two rollover funds or RSA's to receive all or part of your lump sum benefit. Complete one nomination if you are going to roll over your entire benefit to one fund. If you are going to split the amount, complete both nominations with details of the second fund.

We will make all rollover payments directly to your nominated rollover fund(s). Please make sure you have the correct postal address of your fund(s).



Military
Superannuation &
Benefits Scheme

➡ About this form continued on next page

When completing this section you must include the name and Australian Business Number (ABN) for the nominated rollover fund or RSA. If you have a membership number (known as your member client identifier) and the Unique Superannuation Identifier (USI) for the rollover fund or RSA, please include these numbers. If you do not have these details, you can get them from the rollover fund or RSA. If you don't include these details, it will result in payment delays of your benefit. Please ensure your nominated rollover account(s) is active and can receive deposits from other superannuation funds. Failure to do so will result in the payment being returned to our office.

For more information

For further information on how your benefit is taxed, it is recommended that you read the **Tax and your MilitarySuper** booklet.

If you wish, you can seek further information on your options and completion of this form from MilitarySuper on **1300 006 727**.

You can also read the **MilitarySuper Product Disclosure Statement (PDS)** available on the CSC website **csc.gov.au**

A financial advisor may also be able to assist.

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 the application and declaration to:

MilitarySuper
GPO Box 2252
Canberra ACT 2601
Australia



Application by Associate to Rollover Associate A Benefit

Form start

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

A

About yourself

1. Service number/Employee ID
2. Salutation Mr Mrs Ms Miss Other
- Surname
- Given name(s)
3. Former surname (if applicable)
4. Date of birth / /
5. Address

POSTAL ADDRESS

SUBURB STATE POSTCODE

RESIDENTIAL ADDRESS

SUBURB STATE POSTCODE



Military Superannuation & Benefits Scheme

➔ Section A continued on next page

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.**

C

Taking your benefit as a Rollover

8. You may roll over to a maximum of two rollover funds.
 Payments will be made directly to the nominated rollover fund(s). A copy of the Rollover Benefits Statement will also be included with your benefit payment letter and sent to your nominated address.
 Write the amount for each institution, except write 'BALANCE' for the last (or only) fund.



Important: Please ensure your nominated rollover account(s) is active and able to receive deposits from other superannuation funds. Failure to do so will result in the payment being returned to our office.

Name of rollover fund	<input type="text"/>
Postal address of fund	<input type="text"/> <small>POSTAL ADDRESS</small> <input type="text"/> <input type="text"/> <small>SUBURB</small> <input type="text"/> <small>STATE</small> <input type="text"/> <small>POSTCODE</small> <input type="text"/>
Fund Identification No.	<input type="text"/>
Australian Business No. (ABN) of rollover fund	<input type="text"/>
Rollover Identification No.	<input type="text"/>
Unique Superannuation Identifier (USI)	<input type="text"/>
Membership No. (known as your member client identifier) for fund	<input type="text"/>
Dollar amount	\$ <input type="text"/>

If you would like to roll over your benefit to more than one fund, please attach the same details as above for the second fund.

D

Tax File Number

9. Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your 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 and
 - 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 MilitarySuper, you are under no obligation to provide it again in this application.

Your Tax File Number

Your Tax File Number remains confidential.

Please check this box if you do not want MilitarySuper to give your TFN to the Rollover Fund(s)/RSA(s) nominated above.

We are required to validate your Tax File Number (TFN) with the ATO's records to confirm the TFN provided is yours and is correct. Your TFN can be validated using the SuperTICK validation service at any time during your MilitarySuper membership and must be validated before your benefit can be rolled over to another fund. If you do not provide your TFN, the processing of your benefit payment may be delayed.

E Declaration

10. 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 read and understood the information set out in **Part D** – I understand that supplying my TFN is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal tax rate.
 - The TFN I have provided is the same number advised to me by the Australian Taxation Office.

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

 **Sign**

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

I do not want my contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by MilitarySuper.

F Lodgement

11. **You have now completed this form.**

Send the application and declaration to:

MilitarySuper
GPO Box 2252
Canberra ACT 2601
Australia

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 csc.gov.au or by contacting us 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.

End Form

Need assistance?
Call us on
the phone
numbers below

 **Email**
members@enq.militarysuper.gov.au

 **Phone**
1300 006 727

 **Fax**
(02) 6275 7010

 **Post**
MilitarySuper
GPO Box 2252
Canberra ACT 2601

 **Web**
csc.gov.au

 **Overseas Callers**
+61 2 6275 7000