



Application by spouse and/or children, for Benefit on death of an Associate

Important information about this form

Who should use this form?

You should complete this form if:

- you are the spouse of a deceased Associate of MilitarySuper and
- the deceased had an Associate A and/or Associate B benefit at the time of death and
- you and/or any eligible child/ren meet the eligibility criteria set out below.

Who is an eligible spouse?

An eligible spouse is a person who satisfies the definition of 'spouse who survives a deceased person' under MilitarySuper Rules.

A 'spouse who survives a deceased person' is defined as a person who was in a marital or couple relationship with the deceased person at the time of the person's death. A marital or couple relationship means ordinarily living with another person as that other person's husband, wife or partner on a permanent and bona fide domestic basis.

A 'deceased person' means a person who has died and was at the time of his or her death a member or a Preserved member of MilitarySuper.

A marital or couple relationship is regarded as permanent if it had existed for at least three years. If the relationship had not existed for three years, Commonwealth Superannuation Corporation (CSC)/the Delegate will determine whether the relationship was permanent taking account of any relevant evidence such as, but not limited to, legal marriage, registered relationship, financial dependence, children born or adopted during the relationship or joint ownership of a home which was the normal place of residence.

Where a spouse previously had a marital or couple relationship with the deceased person but not at the time of death, a spouse benefit may still be payable if:

- at the time of the deceased person's death the spouse was legally married to the deceased person and
- in the opinion of CSC/the Delegate, the spouse was wholly or substantially dependent upon the deceased person at the time of death.

Temporary absence or hospitalisation

MilitarySuper Rules provide that a person may be deemed to be living with another person on a permanent and bonafide domestic basis where CSC/the Delegate is of the opinion that an absence is a temporary absence or an absence resulting from an illness or infirmity.



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➔ About this form continued on next page

Who is an eligible child?

An eligible child is a child of the deceased who:

- has not attained age 18
or
- has not attained age 25 and is a full-time student.

A child of the deceased also includes:

- an ex-nuptial child, a stepchild, an adopted child, a foster child, a ward of the deceased person, or a child within the meaning of the *Family Law Act 1975*,
or
- a child or ex-nuptial child of the spouse, who was wholly or substantially dependent upon the deceased at the time of death.

For a full copy of these definitions and/or clarification please contact MilitarySuper.

Explanation of Associate A and Associate B benefits

The deceased's 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.

Payment

If you and/or your children are found eligible, lump sum payments are normally paid within 15 working days after the date we verify your eligibility and receive all necessary documentation to enable us to process your application

There is no pension option available.

For more information

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 at csc.gov.au

A financial advisor may also be able to assist.

Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, CSC is required to deduct PAYG tax at the highest marginal tax 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 **Australian Taxation Office Application/Enquiry** form with the Taxation Office. Forms are available at all Taxation Offices. You must provide proof of identity at the time you lodge the form.

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:

MilitarySuper
GPO Box 2252
Canberra ACT 2601
Australia



Application by spouse and/or children, for Benefit on death of an Associate

Form start

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

A About the deceased

This segment provides primary identification details to ensure the correct records are used to calculate your benefit.

1.	Service	<input type="checkbox"/> Navy	<input type="checkbox"/> Army	<input type="checkbox"/> RAAF							
	Service number/ Employee ID	<input type="text"/>									
2.	Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>				
	Surname	<input type="text"/>									
	Given name(s)	<input type="text"/>									
		<input type="text"/>									
3.	Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Date of death	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please attach a certified copy of the death certificate or forward when available.)



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B

Your details

This segment provides necessary details about yourself to enable benefits to be paid in your name.

5. Title Mr Mrs Ms Miss Other

Surname

Given name(s)

6. Date of birth / /

7. Former surname (if applicable)

8. Address

RESIDENTIAL ADDRESS

SUBURB STATE POSTCODE

POSTAL ADDRESS

SUBURB STATE POSTCODE

9. Phone number

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Email address

@

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



Marital/registered relationship details

The details you provide here will help MilitarySuper to establish your eligibility for spouse's benefits. Be sure to include a copy of your marriage certificate/relationship certificate for verification. If you cannot locate the certificate, please contact the Birth Deaths and Marriages office in the state you were married/you registered your relationship to obtain another certificate.

10. Were you legally married to the deceased, or in a relationship with the deceased that was registered under a law of a State or Territory as a prescribed kind of relationship?

- Yes
- No – Go to **Part D**

11. If you were legally married to the deceased, has action been taken in the Family Court to dissolve the marriage?

- Yes – **Please attach details**
- No/Not applicable – Please continue

12. If you were in a registered relationship, did this relationship end before the death of the deceased?

- Yes – **Please attach details**
- No/Not applicable – Please continue

13. Date of marriage or registered relationship

D D
M M
Y Y Y Y

/ /

(Include a copy of your marriage/registered relationship certificate)

Is the length of your marriage/registered relationship less than three years?

- Yes – Please ensure you complete **Part D**
- No

14. Were you living with the deceased at the time of death?

- Yes – Go to **Part E**
- No – Please provide date you last lived together

D D
M M
Y Y Y Y

/ /

15. Was the separation due to illness?

- Yes – Note: Please be aware that where you have answered YES to the question 'was the separation due to illness' the rules of the *MSB Act 1991* require that you provide a letter from the treating physician attesting to the illness suffered by the deceased or spouse, confirming that this was the reason for hospitalisation or nursing home care. Until this confirmation is received payment of your benefit may be delayed.

Provide date of last hospital admission (if applicable):

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

/ / to / /

- No – Please ensure you complete **Part D**

D

Relationship details

This information should be completed if you were

- not legally married to the deceased
- not in a relationship with the deceased that was registered under a law of a State or Territory as a prescribed kind of relationship
- in a marital or couple relationship with the deceased for less than three years or
- not living together.

16. At the date of death, had you been in this relationship for a continuous period of three years or more?

- Yes
 No – Go to **Question 17**

17. Were you living with the deceased on a permanent and bona fide domestic basis at the date of death?

- Yes – Date you commenced living with the deceased

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"/>

Please attach Statutory Declarations completed by two persons outside your immediate family (preferably by professional or business people) who can affirm that the relationship existed on a permanent and bona fide domestic basis. The Statutory Declarations from these people will need to cover:

- their name, address and occupation
- their relationship to both you and the deceased and how long they knew each of you respectively, individually and as a couple
- whether they considered you and the deceased to be in a marital or couple relationship at the date of death and
- any other information that they believe to be true and relevant.

Go to **Question 20**

- No – Go to **Question 18**

18. Was the separation due to illness or posting

- Yes – If separated due to illness, please provide a letter from the treating physician attesting to the illness suffered by the deceased or spouse, confirming that this was the reason for hospitalisation or nursing home care. If separated due to posting please provide confirmation from Defence.

- No – Go to **Question 19**

19. At the date of death, had you been in this relationship for a continuous period of three years or more?

- Yes – **Please include details of total fortnightly income and expenditure at the time of the death and attach any documents which support your claim.**

- No

20. Please attach a copy of one or more of the following documents to assist MilitarySuper in establishing your eligibility for spouse's benefits.

Please note that the document/s you provide must be in joint names with the deceased:

- evidence of bank, credit union or building society accounts held with the deceased
- evidence of joint home ownership or rental receipts
- insurance policies
- Medicare card
- utility bills
- electoral enrolment at the same address
- evidence of couple payments made by Centrelink
- or any other documents that you consider relevant to this application.

Please note that the above is not an exhaustive list, please contact MilitarySuper should you require further assistance.

E

Details of children

You need to advise if there are any children who could be regarded as eligible children. Remember to include copies of full birth certificates for each child with this application.

21. Were there any children born or adopted during the relationship?

- Yes
 No – Go to **Part H**

22. Please provide details of any children less than age 18 and/or full-time students less than age 25 who may be regarded as eligible children and include copies of full birth certificates. Indicate if the child(ren) is/are living with you.

Surname of child

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Given name(s)

Date of birth

<small>D</small>	<small>D</small>	/	<small>M</small>	<small>M</small>	/	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>

Relationship to the deceased (eg child, adopted child or a child within the meaning of the *Family Law Act 1975*)

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Living with you?

- Yes
 No (Please provide details on separate sheet)

Surname of child

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Given name(s)

Date of birth

<small>D</small>	<small>D</small>	/	<small>M</small>	<small>M</small>	/	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>

Relationship to the deceased (eg child, adopted child or a child within the meaning of the *Family Law Act 1975*)

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Living with you? Yes
 No (Please provide details on separate sheet)

Surname of child

Given name(s)

Date of birth ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Relationship to the deceased (e.g. child, adopted child or a child within the meaning of the *Family Law Act 1975*)

Living with you? Yes
 No (Please provide details on separate sheet)

If you have more than three children over age 18 please attach the same details as above for each additional child and remember to include copies of full birth certificates for each child.

F Full-time student details

23. Please provide details of any full-time student over the age of 18 and less than age 25. The principal/registrar of the school/college/university will have to verify the student's attendance.

Name of student

Name of School/College/University

Address of School/College/University

SUBURB STATE POSTCODE

Type of course

Duration of course ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y to ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

 **Stamp**

STAMP OF SCHOOL/COLLEGE/UNIVERSITY/TAFE

I certify that this student, whose date of birth is ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

and address is
recorded as

SUBURB											STATE				POSTCODE				

is undertaking full-time study.



Sign

PRINCIPAL / REGISTRAR SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

If you have more than one child over age 18 please attach the same details as above for each
additional child.

G Payment

If you and/or your children are found eligible, this segment lets you tell MilitarySuper where you
want the benefit to be paid.

24. As the Associate A and/or B Benefit is payable as a lump sum, please give details of the account you
want it 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

Branch location

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Branch (BSB) number

				-			
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Account number

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Identification requirements

25. 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.

Certifying your documents

If you’re providing certified documents, the certifying authority must confirm in writing you are the valid holder of the identification you are presenting, and any copies are true copies of the original.

*** IMPORTANT:** The certification must include the name, signature, qualification and registration number of the certifying authority (if applicable), and the date of the certification.

The following sample of certifying authorities can certify your documents in Australia:

- Dentist
- Employee of a Commonwealth authority engaged on a permanent basis with five or more years of continuous service who is not specified elsewhere in this document
- Financial Adviser or Financial Planner
- Justice of the Peace (JP)
- Legal Practitioner
- Medical Practitioner
- Member of the Australian Defence Force who is:
 - an Officeror
- a Non-Commissioned Officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous service
- or
- 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

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

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

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.**



Tax File Number

26. 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.

We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and is correct. Your TFN will be validated before your benefit is paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

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

Tax File Number

Your TFN remains confidential



Declaration

27. I declare that:

- the information I have provided is true and correct to the best of my knowledge
- the TFN I have provided is the same number advised to me by the ATO
- I have read and understood the information set out in **PART I**.

I understand that:

- it may be a criminal offence to knowingly provide false or misleading information or documents.
- supplying my TFN is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal rate.
- if I have not provided all the required information, this application may be returned to me for completion and my eligibility determination and payment may be delayed.



SIGNATURE

Date signed

/ /

K

Privacy

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

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.

L

Document checklist

29. If applicable, when you lodge this form, please provide the following documents:

- Death certificate
- Death certificate will be forwarded later
- Marriage/registered relationship certificate
- Copy of latest Will (if one exists)
- Statutory Declarations
- Child(ren)'s Full Birth Certificate(s)
- Certified copies of documents requested to prove your identity
- Other (please specify below)

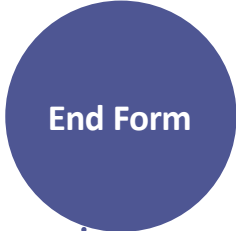
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M

Lodgement

30. **You have now completed this form.** Send your completed application and attachments to:

MilitarySuper
GPO Box 2252
Canberra ACT 2601
Australia



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