



Information about a non-member spouse Regulation 72 [Family Law (Superannuation) Regulations 2001]

Important information about this form

Before you use this form

Before completing this application form, it is recommended that you read the **MilitarySuper Product Disclosure Statement (PDS)** available on the MilitarySuper website militarysuper.gov.au or by calling 1300 006 727.

Who should use this form?

A non-member spouse should complete this form in relation to a superannuation interest that is subject to a splitting order or a splitting agreement.

Tax File Number

We are required to validate your Tax File Number (TFN) with the Australian Tax Office's (ATO) records to confirm the TFN provided is yours and correct. Your TFN will be validated before your membership is created and 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 payment may be delayed.

Contact

If you need more information or help to complete this application please:

Mail GPO Box 2252 Canberra ACT 2601	Phone 1300 006 727 for the cost of a local call	Internet csc.gov.au
	Fax (02) 6275 7010	Email members@enq.militarysuper.gov.au

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

Post your complete original application and attachments to:

MilitarySuper
GPO Box 2252
Canberra ACT 2601
Australia



**Military
Superannuation &
Benefits Scheme**

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Form start

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

A

About the superannuation interest

1. Service Navy Army RAAF
2. Service Number/
Employee ID
3. Service Number from a
previous period of service (if
applicable)
4. Salutation Mr Mrs Ms Miss Other
Surname
Given name(s)
5. Date of birth / /
6. Is the Member currently receiving a pension from the superannuation interest? (please tick one)
 Yes
 No



Military
Superannuation &
Benefits Scheme

B Your details

7. Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

8. Date of birth / /

9. Postal address

Residential address

10. Contact details

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Email address

@

C Tax File Number

11. 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 membership is created and 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 payment may be delayed.

Your Tax File Number



SIGNATURE

Date signed / /

D Lodgement

You have now completed this form.

12. Send your completed application 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 militarysuper.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