



Family law application for superannuation information

1. Form
2. Declaration

Important information about this form

The *Family Law Act 1975* allows an eligible person to request Commonwealth Superannuation Corporation (the trustee) to provide certain information about a member's super account or accounts. An eligible person is:

- a member of Public Sector Superannuation accumulation plan (PSSap) and/or Commonwealth Superannuation Corporation retirement income (CSCri)
or
- the spouse of a member of one or both of those schemes
or
- a person who intends to enter into a super agreement with a member of PSSap and/or CSCri.

To receive information about your super account, or a member's super account, you must complete this application, together with the accompanying declaration (**Form 6**), which is made in accordance with subsection 90XZB of the *Family Law Act 1975*.

If you are requesting information about you and your spouse (that is, both of you are members), you will need to complete a separate application and declaration to receive your spouse's information.

Before you complete this form

Please ensure you have read and understood the **Product Disclosure Statements (PDS)** for PSSap and/or CSCri and understand the fees and costs associated with Family Law requests. The person or party requesting the information is required to pay the fee.

If the party is a member

A fee of \$170 for PSSap and \$150 for CSCri is payable for the preparation of a response to a request for superannuation information. If the party is a member, this fee will be paid from their account when the request is processed. No GST is payable.



[▶ About this form continued on next page](#)

If the party requesting the information is not the member

If the party is not the member, GST is payable on the family law fee. A fee of \$187 (inclusive of GST) for PSSap and \$165 (inclusive of GST) for CSCri is payable for the preparation of a response to a request for superannuation information. The fee is payable by cheque when submitting this form. Please make the cheque payable to **PSSap – member number**.

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

If your application relates to a member of PSSap only or PSSap and CSCri, please send your completed application and declaration to:

PSSap
Locked Bag 9300
Wollongong NSW 2500
AUSTRALIA

If your notice relates to a CSCri account only, please send your completed notice to:

CSCri
Locked Bag 8840
Wollongong NSW 2500
AUSTRALIA



Family law application for superannuation information

1. Form start

Read the Important Information notes and each section of the form carefully before filling it in.

A Personal details

Please complete **Section A1** if you are a PSSap and/or a CSCri member or **Section A2** if you are not a PSSap or CSCri member.

1. Complete this part if you are a PSSap and/or CSCri member

PSSap Member Number (if applicable)

CSCri Member Number (if applicable)

Surname

Given name(s)

Date of birth / /

Phone **BUSINESS HOURS** **AFTER HOURS**

MOBILE NUMBER



➔ Section A continued on next page

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.

Date(s) calculation to be made

1.

D	D

 /

M	M

 /

Y	Y	Y	Y

2.

D	D

 /

M	M

 /

Y	Y	Y	Y

3.

D	D

 /

M	M

 /

Y	Y	Y	Y

4.

D	D

 /

M	M

 /

Y	Y	Y	Y

2. Complete this part if you are the spouse of a PSSap or CSCri member or if you are considering entering into a superannuation agreement with a PSSap or CSCri member

Surname

Given name(s)

Date of birth

D	D

 /

M	M

 /

Y	Y	Y	Y

Phone **BUSINESS HOURS**

AFTER HOURS

MOBILE NUMBER

Date(s) calculation to be made

1.

D	D

 /

M	M

 /

Y	Y	Y	Y

2.

D	D

 /

M	M

 /

Y	Y	Y	Y

3.

D	D

 /

M	M

 /

Y	Y	Y	Y

4.

D	D

 /

M	M

 /

Y	Y	Y	Y

Note: a fee is payable for each calculation date

Information about the member

Member's PSSap Member Number (if applicable)

Member's CSCri Member Number (if applicable)

Member's surname

Member's given name(s)

Member's date of birth

D	D

 /

M	M

 /

Y	Y	Y	Y

B Checklist

Make sure you follow these steps:

- Complete an **Application for super information** form
- Complete a **Declaration to accompany application for super information (Form 6)**
- Include payment with this completed form (if you are not the member requesting the information).

If your application relates to a member of PSSap only or PSSap and CSCri, please send your completed application and declaration to:

PSSap
Locked Bag 9300
Wollongong NSW 2500
AUSTRALIA

If your notice relates to a CSCri account only, please send your completed notice to:

CSCri
Locked Bag 8840
Wollongong NSW 2500
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 pssap.gov.au or by contacting us on **1300 725 171**, 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

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been intentionally
left blank.



Declaration to accompany application for super information

Form 6

2. Form start

This declaration is made under subsection 90XZB (2) of the *Family Law Act 1975* to receive information about a super interest. You must tick one box only in each section.

A Support declaration

I,

GIVEN NAME(S)

SURNAME

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born on

D	D	M	M	Y	Y	Y	Y
		/			/		

of

SUBURB

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

STATE

--	--	--	--

POSTCODE

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



➔ Section A continued on next page

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Declaration

I need the information to
(please choose one):

help me to properly negotiate a super agreement

OR

help me with the operation of Part VIII B of the *Family Law Act 1975*.

 **Sign**

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

Send your completed application to:

For PSSap members

If your notice relates to a PSSap account only or to both a PSSap and CSCri account, please send your completed notice to:

PSSap
Locked Bag 9300
Wollongong NSW 2500

For CSCri Scheme

If your notice relates to a CSCri account only, please send your completed notice to:

CSCri
Locked Bag 8840
Wollongong NSW 2500

How can I get more information?



**Public Sector
Superannuation
accumulation plan**

EMAIL members@pssap.com.au
PHONE 1300 725 171
FAX 1300 364 144
MAIL PSSap
Locked Bag 9300
Wollongong NSW 2500
WEB csc.gov.au



**CSC
retirement
income**

EMAIL members@cscri.com.au
PHONE 1300 736 096
FAX 1300 304 241
MAIL CSCri
Locked Bag 8840
Wollongong NSW 2500
WEB csc.gov.au

