

# **Application for an** associate pension

# by the former spouse of a PSS pensioner

- 1. Explanatory notes
- 2. Form

# Important information about this form

#### What this form is for

You should complete this form if your former spouse is receiving a pension from PSS and you have been granted a portion of that pension under a Family Law payment split.

This form should not be used if you have your own account with PSS as a result of a Family Law split which occurred while your former spouse was still a contributing member of PSS. The appropriate form to use in these circumstances is the Age retirement for associate members form.

\* Under the scheme you are called an associate and your pension is called an associate pension.

#### How to use this form

Please use a black or blue pen.

Mark boxes like this \_\_\_ with a ✓ or **x** then fill out the next question or section.

#### **Submitting your form**

Please post your completed, signed application form and attached documents to:

**GPO Box 2252** Canberra ACT 2601 **AUSTRALIA** 

# 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.



# 1. Explanatory notes start

# **Pension** information

## When is the pension paid?

The pension becomes payable on the first available payday after the later of the operative time or our receipt of the Family Law court order or superannuation agreement. The pension is calculated on the basis of a 14-day fortnight.

#### How is the pension paid?

The pension is paid by direct credit to an approved financial institution (bank, building society, credit union).

We can only pay your pension into an Australian account held in your name. If it's a joint account, one of the names listed must be yours.

If at any time, after the pension has commenced, you wish to change the institution to which the pension is being credited, you only need to contact us by telephoning **1300 001 777**.

#### **Tax File Number requirements**

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

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

**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.

#### **Tax File Number declaration form**

The information you provide on this form will determine how much tax is deducted from your pension. Please note, you can only claim the tax-free threshold against one source of income.

#### **Medicare levy variation declaration**

If you are claiming a Medicare levy exemption against a pension entitlement, you should include a Medicare levy variation declaration form, available from your local Taxation Office, with this application.

#### Other deductions

Facilities are not available for deductions other than income tax to be made from your pension.

#### **Pension increases**

Your pension will be subject to bi-annual adjustment in line with upward movements in the consumer price index (March to September and September to March periods). The increase is payable on the first pension payday in January and July each year.

#### When does the pension cease?

Your pension is payable until your death. No reversionary benefits are payable.

# How to complete this application

## **About yourself**

This segment provides necessary personal details to enable benefits to be paid to you. It is important that you keep us informed of any changes of address or name.

#### **Payment details**

This segment lets you tell us where to pay your pension. The account must be held in your name only or jointly between yourself and one other person.

# **Identification requirements**

To guard against fraud, money laundering, terrorism financing, you need to provide us with information to verify your identity before your request can be processed. The identification documents you send us will be verified electronically using a Document Verification System, or you can provide certified copies of your documents with your application. If you supply certified documents, the person certifying them must attest that the documents are true copies, and that you are the valid holder of the identification. Copies of your documents will be scanned and stored on our secure document management system.

## **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 001 777, 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.

## **Need more information?**

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

Phone: **1300 001 777**Fax: (02) 6275 7010

Email: pensions@pss.gov.au

Write to: PSS

GPO Box 2252 Canberra ACT 2601

End of explanatory notes





# **Application for an associate pension**

by the former spouse of a PSS pensioner

# 2. Form start

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



# Personal details

Reference number (AGS)															
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Given name(s)															
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Section A continued on next page

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Name of rollover fund																							
Australian Business Number												1											

2. Unique Superannuation Identifier (USI)										
3. Membership number (known as Member Client Identifier) for fund										

If you have more than one fund you want your money to be rolled into, please attach another sheet with these details.



# **Identification requirements**

To confirm your identity, we require 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

Identifying documents may be verified through 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.

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

# **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 Officer; or
  - 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 www.legislation.gov.au/Details/F2018L01296

Please note: We require a copy of both sides of your

# 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 by placing a check in the box 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 third party. systems for the purposes of confirming my identity.



You must provide a copy\* of one of the following:

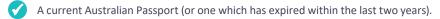
## **Primary photographic identification**

DVS compatibility is shown as or S









A current Australian Proof of Age card (issued under a State or Territory law).

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

Your notice issued by the Commonwealth or a State or Territory government within the last 22 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 in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents. For more information refer to ag.gov.au and dfat.gov.au. 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.

\*Don't send original documents.

If your documents are incompatible with DVS, don't forget to provide

### **Attachments**

If you have included attachments with this application, please tick the appropriate box(es) to ensure the attachments are properly recorded.

		Tax	File	Nur	nbe	r de	clara	atio	า											
	Medicare levy variation declaration																			
	certified copies of documents requested to prove your identity																			
	other (please specify below)																			
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# **Declaration**

I,

GIVE	GIVEN NAME(S)																		
SURI	SURNAME																		

declare that the information supplied by me is true and correct to the best of my knowledge.



Date signed







Email pensions@pss.gov.au





Phone 1300 001 777









