MILCOP 05/14

# Child of a deceased pensioner Reversionary pension application form

### What this form is for?

You can use this form if you are the child of someone who passed away while in receipt of a pension from DFRB, DFRDB, or MilitarySuper. You can also use this form if you have care, control or custody of the child of a deceased pensioner.

A child of a deceased pensioner **may be eligible** to receive a pension; this is referred to as a Reversionary Pension.

If a deceased pensioner has multiple children, please photocopy and complete Part C for each additional child and return it with the rest of the form and any requested identification documents.

You should read the relevant scheme factsheet listed below, before completing this form.

# Definition of an eligible child

An eligible child can be the child of the deceased pensioner, or the child of the deceased pensioner's spouse or partner. A child includes an adopted child or a child within the meaning of the *Family Law Act 1975*.

An eligible child is a child under the age of 18 who was wholly or partially financially dependent on the pensioner. Children under 25 may be considered if they are in full-time study and are not working for DFRDB. Note: there is no work test for MilitarySuper.

For more information on the definition of an eligible child, please see the DFRDB or MilitarySuper **Death benefits** factsheets available from your scheme website, under **Forms & publications**. If you need assistance call us on **1300 001 877**.

#### 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 part.
- > Where you see a box like this Yes go to 3 skip to the question number shown. You do not need to answer the questions in-between.
- > Where you see a box like this Attach a attach the requested documents.

### **Submitting your form**

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

MilitarySuper/DFRDB GPO Box 2252 Canberra ACT 2601 AUSTRALIA

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PARTA	About the deceased pe	nsioner	
	1. Details		
	Salutation:	$\bigcirc$ Mr $\bigcirc$ Mrs $\bigcirc$ Ms $\bigcirc$	Miss Other
	Surname:		
	Given name(s):		
	Date of birth:	D D M M Y Y Y Y	
	Date of death:	D D M M Y Y Y Y	
	2. Scheme details		
	Many pensioners are members of <b>more than one</b> scheme.	only <b>one</b> scheme. However, a pensioner m	ay have been a member of
	Please provide the pension refere	nce number for each pension received:	
	Pension Reference Number:		Scheme:
	Pension Reference Number:		Scheme:
	Pension Reference Number:		Scheme:
	Pension Reference Number:		Scheme:
	Pension Reference Number:		Scheme:
	Service:	○ Navy	RAAF
	3. Number of children		
	How many children did the pensioner have?		
		If a pensioner had multiple children, plo for each additional child, then return it requested documents.	
	4. Eligible spouse or partne	er	
	Did the pensioner have a spouse or partner at the time of their death?	Yes	No – <b>Go to 5</b>
	Is the spouse/partner the parent of the child this application is for?	Yes – If you or someone else was the pensioner's spouse/partner at the time of their death, then a <b>Spouse of</b> a pensioner – Reversionary pension application form must also be completed so that your/their eligibility for a Spouse Reversionary Pension can be cassessed. Please refer to the list of factsheets on page 1 for more	No

information.

PART B About you											
5. Person completing this form											
Are you the child of a pensioner, or Child – <b>Go to 7</b> the parent/guardian of the child of a pensioner?			ent/( <b>s par</b>		rdiar	n – <b>C</b>	Comp	pleto	e		
6. Details											
What is your relationship to Parent the child?		Guardian – Attach evidence that you are the guardian and complet this part. Evidence could include a will showing that the child has been p into your care, or evidence that yo have enrolled the child in school.									
Salutation:	О м	liss	$\bigcirc$	Oth	er						
Surname:											
Given name(s):											
Date of birth:	,		•	•		•		•			
Phone number:  BUSINESS HOURS											
AFTER HOURS											
MOBILE NUMBER											
Email address:											
@											
Home address:											
SUBURB			STAT	TE		1	POST	CODE			
If you do not want mail sent to your home, please provide an alternate m	nailing	g add	ress l	belo <sub>\</sub>	w.						
Postal address:						<u> </u> 	<u>                                     </u>				

SUBURB

POSTCODE

STATE

# PART C Child of a pensioner

If a deceased pensioner has multiple children, please photocopy this part and complete it for each additional child, then return it with the rest of the form and any other requested documents.

7. Details																				
Relationship to the deceased (eg child, adopted child or a																				
child within the meaning of the Family Law Act 1975):																				
Child's details:	$\bigcirc$	Mr		$\bigcirc$	Mr	S	$\subset$	) M:	S		) N	liss	(	$\bigcirc$ (	Othe	er				
Surname:																				
Given name(s):																				
Date of birth:	D	D	/	M	М	, [	Υ	Υ	Υ	Y										
			/			/														
Phone number:	BUSI	NESS I	HOUR	:S																
	AFTER	HOU	RS																	
	MOBI	LE NU	MBEI																	
Email address:																				
	@																			
Home address:																				
	SUBU	RB												STATE			7	POST	CODE	
																L				
Postal address:																				
	SUBU	RB												STATE			1	POST	CODE	

Part C continued on next page

#### 8. Bank account details

Please note that pensions can only be paid to an account in **your name** and **must be in Australia**. This can be a joint account.

If the pensioner was in receipt of a DFRDB pension, then the bank account must be in the name of the child being paid. Account held in the name of: Name of Bank/Building Society: Branch (BSB) number: Account number: 9. Tax File Number (TFN) declaration Please provide us with a completed **TFN declaration** form for each child. It is not an offence to not quote your/their TFN. However, if you do not provide your TFN, we are required to withhold tax on any benefit paid to you at the highest marginal tax rate. TFN declaration forms (form number: NAT 3092) are available from either: an Australian Post Office the Australian Taxation Office you may request that we send a TFN declaration form to you. Under the Superannuation Industry (Supervision) Act 1993, a super fund is 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. 10. Age of child **DFRDB** How old are you/is the child? Under 18 – **Go to 11** Between 18 and 25 MilitarySuper ) Under 18 – **Go to 11** Between 18 and 25 11. Under 18 Were you/the child financially ( ) Yes – **Go to 14** ) No – You/the child may not dependant on the deceased at be eligible to receive a reversionary the time of their death? pension. Please call us on 1300 001 877 to discuss your/the child's situation. 12. Between 18 and 25 Are you/is the child currently ) Yes No - You/the child may not studying full-time? be eligible to receive a reversionary pension. Please call us on 1300 001 877 to discuss your/the child's situation. **DFRDB** only ) Yes – You/the child may not Are you/is the child be eligible to receive a reversionary currently working? pension. Please call us on 1300 001

877 to discuss

your/the child's situation.

13. Study details																						
Name of child/student:																						
Scheme reference number:																						
Date of birth:	D D	]/	M	M	/	Y	Y	Y	Y													
Is the child engaged in full-time education?		s – (s .FE)	schoo	ol/d	olle	ege/	univ	ers	ity/		no Fo	o – You/the child may ot be an eligible student. or further information lease call <b>1300 001 877</b> .										
<b>DFRDB only</b> Is the child engaged in ordinary employment?	○ Ye	s – (v	vorki	ing	full-	-tim	e)		<ul> <li>No, not working full-time (may be working part time/casually to supplement their education).</li> </ul>													
Is the child undertaking a cadetship, traineeship or paid apprenticeship?	○ Ye	S									) N	0										
Name of school/college/ university/TAFE:																						
Address of school/college/ university/TAFE:																						
	SUBURB STATE POSTCODE																					
Contact phone number of school/college/university/TAFE:	PHONE N	UMBEF	R																			
Type of course (eg HSC, degree):																						
Duration of course:	D D	7	M	M	/	Y	Y	Υ	Y	to	D	D	] /	M	M	/	Y	Y	Y	Y		
Is this expected to be the child's final year of study?	○ Ye	S			1						) N	0	J		,	1						
Principal/Registrar signature:	SIGNATU	JRE																				
Stamp of school/college/ university/TAFE:																						

# PART D Authority for someone to act on your behalf

14. Have you given authority for someone to act on your behalf?																							
		Yes rele deta	van	t do	cun								) N	0 – 0	Go t	0 15	;						
I authorise the Commonwea super entitlements to:	ılth S	upe	ran	nuat	ion	Cor	por	atio	n (C	SC)	to r	elea	ise i	nfor	mat	ion	abo	ut n	ny				
Representative:	$\bigcirc$	Pers	sona	al re	pres	sent	tativ	⁄e	(	$\bigcirc$	Fina	ncia	al re	pres	ent	ativ	e						
Relationship:	$\bigcirc$	Fina	anci	al A	dvis	or	(	) 9	Solid	citor			(	$\bigcirc$	Acco	oun	tant	/tax	adv	/ise	٢		
	Not		owe	rs o mpa	f att	torn this	ey, aut	Gua		nsh	ip o	rder	s or r for	Pul	olic <sup>·</sup>	Trus		req					
	$\bigcirc$	Oth	er (	plea	se s	spec	ify)																
For the purposes of:	$\bigcirc$	Acti	ng	on m	ıy b	eha	lf																
Name:	GIVEN	NAM P	E(S)																				
	SURN	IAME						1															
									.,	.,													
Date of birth:	D	D	/	M	М	/	Y	Y	Y	Y													
Organisation: (if applicable)																							
You authorise access to your account details to:		any <b>or</b>	rep	rese	enta	tive	of t	he o	orga	nisa	atior	1											
	$\bigcirc$	only	the	nar	ned	lind	livid	ual															
Postal address:																							
	SUBU	JRB														STATI	<u> </u>			POST	CODE		
	НОМЕ	E PHO	NE										мові	LE NU	MBE	L R							
Phone:																							
Email address:																							
	@																						
Financial Services Licence Number: (Financial representative)												AE	3N										
Allow access from:	D	D		М	M	] <i>.</i>	Υ	Υ	Υ	Υ	]		1	D	D	l .	М	М	] .	Υ	Υ	Υ	Υ
Allow access Hom:			/			/						to		(0	nlys	ncc	ify a	l or	4 da	to if	2001	icabl	اما
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# PART E Application checklist

### 15. I have attached the following documents

A certified copy of each child's Birth Certificate\*

Certified Identification Documents (see Part F for requirements).

If you are a guardian, please provide certified identification for yourself and the child/ren.

Tax File Number declaration form for each applicant

Certified copy of the Death Certificate (if available)

If you have not yet received the Death Certificate, send us your application form with the other requested documents as soon as possible and send us a copy of the Death Certificate as soon as you receive it. This will allow us to start processing your request.

If you have given authority for someone to act on your behalf, a certified copy of that document.

\*If you are a surviving spouse filling out this application for an eligible child, this is the only identification required.

#### 16. Ongoing correspondence

At times, MilitarySuper/DFRDB may need to contact you, or will send you updates about any pensions you may have with us.

If your personal or banking details change, please notify us as soon as possible by contacting us on **1300 001 877**.

#### **PART F**

## **Identification requirements**

To protect your benefit against fraud, money laundering and terrorism financing, under the *Anti-Money Laundering* and *Counter-Terrorism Financing Act 2006* you must prove your identity. To do this you can either:

Choose to have documents verified electronically by completing the part **Verify my identity electronically**.

#### OR

Provide certified hard copy documents by completing the part **Verify my identity using certified documents**. **We do not want you to send us your original documents**.

An electronic copy of documents will be stored in a secure environment and hard copies will be securely stored offsite. All copies will only be used for the purposes of confirming your identity.

#### Verify my identity electronically

Your documents will be verified electronically using Document Verification Service (DVS), 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.

1

Note that if you do not agree to the use of DVS, you will need to provide certified (not original) hard copy documents and complete the section 'Verify my identity using certified documents.'

I agree to the use of DVS to verify my documents



You need to provide the requested details of documents (exactly as they appear on the documents) which **total at least 100 points**. For example your birth certificate and driver's licence total 110 points.

# 70 points

You can only provide the details of  ${\bf one}$  document valued at 70 points.

Australian Birth Certificate																	
Family name:																	
Given name(s):															_	T	
diven name (3).															_		
Birth date:	D	D	/	M	M	/	Y	Y	Y	Y							
Registration State:																	
Registration No:																	
Registration date:	D	D	/	М	M	/	Y	Y	Y	Y							
Date printed:	D	D	/	M	M	/	Y	Y	Y	Y							
Certificate No:																	
OR																	
Australian Citizenship Certi	ficat	е															
Family name:																	
Given name(s):																	
Date of birth:	D	D	/	M	M	/	Y	Y	Y	Y							
Stock No:																	
Acquisition date:	D	D	/	М	M	/	Y	Y	Y	Y							
OR																	
Current Australian Passport																	
Family name:																	
Given name(s):																	
Date of birth:	D	D	/ [	М	M	/	Y	Y	Y	Υ							
Document No:																	
Gender:		Mal	e		(	$\bigcirc$	Fem	ale									

# 40 points Australian Driver's Licence or another licence or permit issued under a law of the Commonwealth, a state or territory Family name: Given name: Middle name: Date of birth: Licence No: State of issue: 25 points You can provide the details of more than one document valued at 25 points and points will accumulate. **Marriage Certificate or Change of Name Certificate** Type of Certificate: Marriage Change of Name Family name (new): Given name(s) (new): Family name (old): Given name(s) (old): Date of event: (Date of Birth or Date of Marriage) Registration No: Spouse's Family name: Spouse's Given name(s):

Medicare Card	
Card No:	
Reference No:	
Family name:	
Given name(s):	
Card colour:	○ Green ○ Blue ○ Yellow
Expiry date:	D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Note that if you have completed the section 'Verify my identity electronically', you do not need to complete this

# Examples

to Part G.

Your birth certificate

section and can go

- + driver's licence
- = 110 points **√**

Your current passport

- + Medicare card
- + marriage certificate
- = 120 points √

Your birth certificate

- + Medicare card
- = 95 points 🗶

### Verify my identity using certified documents

I wish to verify my identity using certified documents

You need to provide clear and legible, validly certified (not original) documents, as outlined below, which **total at least 100 points**.

#### 70 points (you can only provide one certified document valued at 70 points)

- > Australian birth certificate
- > Australian citizenship certificate
- Current Australian passport
- Birth card issued by the NSW Registry of Births, Deaths and Marriages
- Another document of identity having the same characteristics as a passport (eg diplomatic documents or some documents issued to refugees)

#### 40 points

- Australian driver's licence or another licence or permit issued under a law of the Commonwealth, a state or territory
- > Student ID card issued by a tertiary education institution
- > Identification card issued by the Commonwealth, a state or territory as evidence of your entitlement to a financial benefit
- > ADF ID card/pass
- > Identification card issued to a public employee

You can provide more than one of these documents, but only one will be valued at 40 points. Additional documents will only be valued at 25 points each.

#### 25 points

- > Marriage certificate (for maiden name)
- > Medicare card
- Change of name certificate
- Rates notice
- Telephone account
- > Foreign driver's licence

You can provide more than one of these documents and points will accumulate. However, points from a particular source may only be counted once. Eg where you have a telephone bill for a mobile account and a home account issued by the same provider, only one may be counted.

#### **Certifying your documents**

The following sample of certifying authorities can certify your documents:

- > a legal practitioner enrolled on the roll of a supreme court or the high court of Australia
- > a judge or magistrate of a court
- > a chief executive officer of a Commonwealth court
- > a registrar or deputy registrar of a court
- > a Justice of the Peace (JP)
- > a notary public
- > a police officer
- > an Australian consular officer or an Australian diplomatic officer
- > an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- > a finance company officer with five or more years of continuous service
- > a member of the Institute of Chartered Accountants in Australia (ICAA), Certified Practicing Accountants (CPA Australia) or the Institute of Public Accountants (IPA).

For a full list of certifying authorities refer to the Statutory Declarations Regulations 1993 available at legislation.gov.au

The certifying authority must confirm in writing that you are the valid holder of the identification that you are presenting and that any copies are true copies of the original. The certification must include the name, address, occupation, telephone number, registration number of the certifying authority (if applicable) and the date of the certification.

If you live overseas and need to have documents certified or make a statutory declaration, it needs to be done 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.

#### Personal declaration **PART G**

# 17. Please sign and date the following declaration before returning your application to us

I declare that:

- the information I have provided is true and correct to the best of my knowledge
- I understand it may be a criminal offence to knowingly provide false or misleading information
- I have read and understood the information in this form and in the relevant scheme factsheet.

Signature and date:	SIGNATURE		Dat	e sig	gned	ł							
		١.	D	D		M	M		Υ	Υ	Υ	Υ	
					/			/					

#### 18. Postal details

Please post your completed application form and attached documents to:

MilitarySuper/DFRDB **GPO BOX 2252** Canberra ACT 2601 **AUSTRALIA** 

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EMAIL

pensions@enq.militarysuper.gov.au pensions@dfrdb.gov.au









MilitarySuper: (02) 6272 961 DFRDB: (02) 6272 9616



MilitarySuper/DFRDB GPO Box 2252 Canberra ACT 2601