Australian Government
Commonwealth Superannuation Corporation

ACCESS-MED 09/25

Application for early release of preserved benefit on medical grounds and/or disability superannuation benefit

Important information about this form

Before you use this form

Before completing this benefit application form, it is recommended you read the **MilitarySuper Product Disclosure Statement (PDS)**.

Who should use this form?

Use this form if you're no longer contributing to MilitarySuper, and are Totally and Permanently Incapacitated (TPI) or suffering from a terminal medical condition. You may be able to access your super benefit if you're:

- under 55, or
- over 55 but have not yet reached your Preservation Age*.

* In this scenario, you can only access your Ancillary Benefit

Members who have reached their preservation age should instead use the **M65 Form** (Claim for Preserved Benefits After 55).

If you're deemed eligible, you can have your benefit classified as a Disability Superannuation Benefit (DSB). When applied to a pension for members under preservation age, a DSB can result in a 15% tax offset on the taxable taxed portion of the benefit.

After completing this form, please forward it to MilitarySuper at the address shown in **Part J** on page 9 of this form. If you are seeking a release of funds for a terminal condition, please contact us for further information.

Confirming eligibility

Before your preserved benefit can be paid to you, you must satisfy the release criteria. The release criteria is also the eligibility criteria for application of the DSB. Commonwealth Superannuation Corporation (CSC) must decide that because of incapacity:

1. you are unlikely to ever be able to work again in employment for which you are reasonably qualified by education, training or experience, and
2. you are unlikely to ever be able to work again in employment for which you could reasonably be qualified after retraining.

Meeting the criteria

To have your preserved benefit released, you will need to provide two medical reports regarding your condition/s. At least one of these should be from a specialist. **The medical reports should address both parts of the release criteria.** If the medical reports provided do not address the criteria, CSC are unable to approve your application.

Please note that we do not cover the cost of these reports.

Determinations under other legislation

Any medical information held by Centrelink, the Department of Veterans' Affairs (DVA) or Defence Compensation which specifies the medical condition causing incapacity, and any statement of reasons for the decision may be of assistance in determining your claim.

These documents may be provided in support of the required medical reports.

To have your benefit released on the grounds of a terminal illness and paid to you tax free, you must have two registered medical practitioners certify (jointly or separately) that you suffer from an illness, or you have incurred an injury, that is likely to result in death within 24 months of certification.

At least one of the registered medical practitioners must be a specialist practising in an area related to the illness or injury you are suffering from. The certification period for each of the certificates must not have ended.

Note: Early release of your benefit on medical grounds may impact your eligibility to claim future benefits. Please refer to retrospective medical retirement, later in this document.

CSC — Military Super
Military Superannuation & Benefits Scheme

The information provided in this document 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 adviser. You should obtain a copy of the MilitarySuper Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Trustee of the Military Superannuation and Benefits Scheme (MilitarySuper) ABN: 50 925 523 120 RSE: R1000306

Completing this form

Complete:

Part A: About yourself

Part B: Identification requirements

Part C: Application details

Part D: Medical evidence

Part E: Payment options

Part F: Surcharge

Part G: Paying your benefit

Part H: Tax File Number

Part I: Document checklist

Part J: Declaration

Please refer to **csc.gov.au** and then lodge with MilitarySuper at the address in **Part J.**

Benefits

Your benefit may consist of one or all of the following:

- **Member Benefit:** your compulsory personal contributions and interest preserved in the fund.
- **Employer Benefit:** defined benefit now preserved in the fund. This was determined based on your Final Average Salary (FAS) and period of active service.
- **Ancillary Benefit:** any additional contributions and interest paid into the fund.

If your application is approved the total of your benefit will be released. There is no provision for partial release.

Payment

If your application is approved, your benefit will normally be paid as a cash lump sum only. There is a pension option available provided that your Employer Benefit is more than $5,000. If you are interested in the pension option, contact MilitarySuper on **1300 006 727.**

Lump sum payments are normally paid within five to ten working days after the date the Delegate approves an application.

Retrospective medical retirement

Retrospective Invalidity Benefits

In some cases, the medical condition which is the reason for this application may have existed at the time of transition to civilian life. If you were not medically transitioned and believe this condition could have caused a medical transition at that time, you may request CSC to consider whether to exercise discretion so that you may be considered for an invalidity retirement.

Should CSC agree to exercise its discretion, you may be entitled to invalidity benefits. Please refer to the **Invalidity Benefits factsheet** for further information.

Note: You should be aware that if by way of this form your request is approved, and your preserved Employer Benefit is paid to you, you will no longer be eligible to make an application for Retrospective Invalidity Benefits. This is irreversible, and we recommend you contact us regarding Retrospective Invalidity before completing this application.

Reclassification of Invalidity pension

If you are currently in receipt of an invalidity pension from MilitarySuper, we may exercise our discretion to review your incapacity classification in light of the evidence provided with this application.

If your classification is changed, this will result in a change to your pension.

If you are currently in receipt of an invalidity pension from MilitarySuper, as part of this application, we will also assess your eligibility for the DSB, which would result in a 15% tax offset on the taxable taxed component of your invalidity pension. Reclassification is only available to members under age 55.

Product Disclosure Statement

Before completing this benefit application form, it is recommended that you read the PDS which is available from our website **csc.gov.au** or by phoning **1300 006 727**.

Tax File Number

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

We are required to validate your TFN with the Australian Tax Office's (ATO) records to confirm the TFN provided is yours and is correct. Your TFN can be validated using the SuperTICK validation service at any time during your MilitarySuper membership. For example, validation may occur upon entry or re-entry to the scheme and must be validated before your benefit can be rolled over to another fund. If you do not provide your TFN, the processing of your benefit payment may be delayed.

If you have not been issued a TFN you should lodge an Australian Taxation Office Application/Enquiry form with the ATO. Forms are available at **ato.gov.au** You must provide proof of identity at the time you lodge the form.

Contact

We must provide you with any information you need to understand your benefit entitlements.

If you have any further questions about your benefit entitlements or investment options you can contact us in the following ways:

Phone	**1300 006 727**
Email	**members@enq.militarysuper.gov.au**
Web	**csc.gov.au**
Post	**GPO Box 2252, Canberra ACT 2601**

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this ☐ with a cross (**✕**) then fill out the next question or section.

Your privacy is important to us

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers.

Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at **csc.gov.au**

Australian Government
Commonwealth Superannuation Corporation

ACCESS-MED 09/25

Application for early release of preserved benefit on medical grounds and/or disability superannuation benefit

Form start

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

A About yourself

Service ☐ Navy ☐ Army ☐ RAAF

Service number/ Employee ID

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

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

Address
Street

Suburb/town State Postcode

Phone
Business hours After hours

Mobile number

Email

CSC — Military Super Military Superannuation & Benefits Scheme

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B 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.

Further information about the DVS, and the operation and management of the DVS Hub, is available from **IDMatch** at **www.idmatch.gov.au/** and the **Attorney-General's Department** at **www.ag.gov.au/**.

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.

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

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 that 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. Note: we require a copy of both sides of your identification document. If your certified copy is a physical document, it must be sent by post. We cannot accept a photo or scan of a certified copy.

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.
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to **Schedule 1** of the *Statutory Declarations Regulations 2023* available at **www.legislation.gov.au/F2023L01753/**

Meeting 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 check both boxes 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.
- ☐ I have attached identification for DVS verification.

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 (front and back of licence must be provided).
- ✓ 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.**

Continued on next page

Secondary identification requirements

Only provide these documents if you're unable to provide **one** of the **Primary photographic identification** documents.

List A	List B
✓ 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 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 Citizenship Certificate issued by the Commonwealth.	✗ Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. **Example:** rates notice, electricity or water bill.
✗ Your current Pensioner Concession Card issued by the Department of Human Services.	✗ 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. **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.**

C Application details

My application is for:

- ☐ Early release medical only
- ☐ Change to: Disability Superannuation Benefit only (applied to existing invalidity pension)
- ☐ Both early release medical and disability superannuation benefit

D Medical evidence

You are encouraged to provide your specialist and doctor with this questionnaire for their completion. Alternatively, you can attach two medical reports to this form, one of which should be from a specialist. The medical reports must include responses to the four questions set out below.

Medical questionnaire to be completed by your Specialist

When you next attend your specialist, please ask them to answer the following questions in support of your application for release of your preserved superannuation benefits on medical grounds.

Applicant's details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

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

1. Has the patient, by reason of physical or mental incapacity, become unlikely* ever to be able to work again in employment for which he or she is reasonably qualified by education, training or experience or for which they could reasonably be qualified after retraining?

☐ Yes ☐ No

* Unlikely means more than a 50% chance. The patient will only qualify for early release of their superannuation for medical reasons if the answer to question 1 is 'Yes'.

2. What is the patient's diagnosis that has led to the determination in **Question 1**?

3. What was the date of onset for the above diagnosis?

D D / M M / Y Y Y Y

4. The date on which the patient's condition rendered them unlikely ever to be able to work again:

D D / M M / Y Y Y Y

5. If the patient's condition is terminal, what is their life expectancy?

Specialist details

Surname

Given name(s)

Qualifications/specialty

Address

Street

Suburb/town

State

Postcode

Sign

Signature

Date signed

D D / M M / Y Y Y Y

Medical questionnaire to be completed by your General Practitioner

When you next attend your General Practitioner, please ask them to answer the following questions in support of your application for release of your preserved superannuation benefits on medical grounds.

Applicant's details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

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

1. Has the patient, by reason of physical or mental incapacity, become unlikely* ever to be able to work again in employment for which he or she is reasonably qualified by education, training or experience or for which they could reasonably be qualified after retraining?

☐ Yes ☐ No

* Unlikely means more than a 50% chance. The patient will only qualify for early release of their superannuation for medical reasons if the answer to question 1 is 'Yes'.

2. What is the patient's diagnosis that has led to the determination in **Question 1**?

3. What was the date of onset for the above diagnosis?

D D / M M / Y Y Y Y

4. The date on which the patient's condition rendered them unlikely ever to be able to work again:

D D / M M / Y Y Y Y

5. If the patient's condition is terminal, what is their life expectancy?

General Practitioner details

Surname

Given name(s)

Qualifications/specialty

Address

Street

Suburb/town

State

Postcode

Sign

Signature

Date signed

D D / M M / Y Y Y Y

E Payment options

☐ Member/Employer ☐ Ancillary

Please choose your option for your Employer Benefit. (**Note:** Any Member Benefit or Ancillary Benefit will only be paid as a cash lump sum.)

☐ Take as a lump sum

☐ Convert all or a portion of the employer benefit to a pension (refer to payment information page 2)
Indicate the percentage you wish to take as a pension

%

Accessing our Employer Benefit is irreversible. Any election to do so will result in being ineligible for future Retrospective Invalidity consideration in the future.

F Surcharge

If you have a superannuation contributions surcharge debt, please select one of the following options:

Note: Choose one option only. You will need to make a subsequent election if you select **Option 1**.

☐ **Option 1**—Deducted from your employer benefit:

- ☐ as a lump sum (if claiming lump sum only), or
- ☐ before your lump sum is converted to pension; or
- ☐ after your lump sum is converted to pension (as a lifetime reduction).

☐ **Option 2**—Deducted from your Member Benefit lump sum.

☐ **Option 3**—Deducted from your Ancillary Benefit lump sum.

G Paying your benefit

Your benefits will be paid to an account you choose.

Type of financial institution ☐ Savings bank ☐ Building society ☐ Trading bank ☐ Credit union

Name of institution

Branch location

Branch (BSB) number –

Account number

Account in name(s) of
(must include your name)

H Tax File number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect, use and disclose your TFN. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request to us 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);
- other than the tax that may ordinarily apply, you will not pay more tax that you need to—this affects both contributions to your superannuation and benefit payments 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 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.

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

Tax File Number (TFN) ☐☐☐ ☐☐☐ ☐☐☐

Your TFN will remain confidential

☐ Please check this box if you do not want MilitarySuper to give your TFN to the Rollover Fund(s)/RSA(s) nominated above.

I Document checklist

Please ensure that you have completed all sections of this application and have attached to this application:

☐ a completed questionnaire or medical report from your treating specialist

☐ a completed questionnaire or medical report from another qualified medical practitioner

☐ any relevant determination under other legislation

☐ identification which meets the identification requirements as outlined in **Part B**.

J Declaration

I declare that:

- I am not currently employed on a full-time or part-time basis,
- the information I have provided is true and correct to the best of my knowledge,
- I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents,
- I have read the **MilitarySuper PDS** and I understand the options available for my benefit entitlement,
- I understand that approval of my application is irreversible, and will preclude me from retrospective invalidity consideration in the future,
- I have read and understood the information set out in **Part G**,
- I understand that supplying my Tax File Number (TFN) is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal tax rate,
- the TFN I have provided is the same number advised to me by the Australian Taxation Office,

I understand that if I have not completed all the required information, this application may be returned to me for completion and payment may be delayed.

Sign

Signature

Date signed

D D / M M / Y Y Y Y

K Lodgement

Email this form with your certified proof of identity documents (if applicable) to **formsandapplications@csc.gov.au**, or post it to: **MilitarySuper**
GPO Box 2252
Canberra ACT 2601

Save form Clear form

For more information visit csc.gov.au

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