



Spouse of a deceased pensioner

Reversionary pension application

Important information about this form

Who should use this form

You can use this form if you are a spouse or partner of someone who passed away while in receipt of a pension from PSS, CSS, DFRB, DFRDB, MilitarySuper, ADF Cover, 1922 Scheme, or PNG Scheme.

If you are a spouse or partner of a deceased pensioner, you **may be eligible** to receive a pension; this is referred to as a **Reversionary Pension**.

Who is an eligible spouse or partner?

You may be an eligible spouse or partner if you and the pensioner were living together, or usually lived together for a continuous period of at least three years at the date of death, and are:

- married, or
- in a registered relationship (opposite or same sex) eg a civil union, or
- in a de facto relationship (opposite or same sex).

If you were living together, or usually lived together, for a continuous period of less than three years, CSC must consider other relevant evidence when assessing your application, including:

- whether you and the deceased were married or had registered your relationship;
- whether you were wholly or substantially dependent on the pensioner at the time of their passing;
- whether you and the pensioner had any children together;
- whether you and the pensioner jointly purchased a home which was your usual residence.

Depending on the scheme you are applying under, you may also be considered eligible if you were not living together, but would have been living together if not for temporary absence, or long term absence because of special circumstances - i.e. sickness, care or posting.

Further, you may be considered eligible if you were not living together, were legally married, and you were still wholly or substantially dependent on the pensioner at the time of their death.

Depending on your circumstances, you may be asked to provide evidence outlined later in this form.

For more information on the definition of an eligible spouse or partner, please see the relevant factsheet/s for the scheme the deceased was a member of, available on our **website**, under Advice & Resources.

If you are submitting an application and require assistance, please call our Loss and Hardship Support team on **(02) 6192 9521**.



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 advisor. Before making any decision in relation to a scheme or financial product referred to in this document, you should obtain a copy of the Product Disclosure Statement for that scheme or product.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243, AFSL: 238069, RSEL: L0001397

Defence Force Retirement and Death Benefits Scheme
ABN: 39 798 362 763

Commonwealth Superannuation Scheme
ABN: 19 415 776 361
RSE: R1004649

Military Superannuation and Benefits Scheme
ABN: 50 925 523 120
RSE: R1000306

Australian Defence Force Cover
ABN: 64 250 674 722

Public Sector Superannuation Scheme
ABN: 74 172 177 893
RSE: R1004595

Privacy

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/privacy/

How to use this form

Please use a black or blue pen.

- Mark boxes like this with a ✓ or ✗ then fill out the next question or section.
- Where you see a box like this ► **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 send your completed, signed application form and relevant attachments to:

Loss and Hardship Support
GPO Box 2252
Canberra ACT 2601
AUSTRALIA

Or email to:

formsandapplications@csc.gov.au



About the deceased pensioner

1. Details

Salutation	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>									
Given name(s)	<input type="text"/>									
	<input type="text"/>									
Date of birth	<small>D</small> <input type="text"/>	<small>D</small> <input type="text"/>	/	<small>M</small> <input type="text"/>	<small>M</small> <input type="text"/>	/	<small>Y</small> <input type="text"/>	<small>Y</small> <input type="text"/>	<small>Y</small> <input type="text"/>	<small>Y</small> <input type="text"/>
Date of death	<small>D</small> <input type="text"/>	<small>D</small> <input type="text"/>	/	<small>M</small> <input type="text"/>	<small>M</small> <input type="text"/>	/	<small>Y</small> <input type="text"/>	<small>Y</small> <input type="text"/>	<small>Y</small> <input type="text"/>	<small>Y</small> <input type="text"/>

2. Scheme details

Many pensioners are members of only **one** scheme. However, a pensioner may have been a member of **more than one** scheme.

Please provide the pension reference number for each pension received:

Pension Reference Number	<input type="text"/>	Scheme	<input type="text"/>
Pension Reference Number	<input type="text"/>	Scheme	<input type="text"/>
Pension Reference Number	<input type="text"/>	Scheme	<input type="text"/>
Pension Reference Number	<input type="text"/>	Scheme	<input type="text"/>
Pension Reference Number	<input type="text"/>	Scheme	<input type="text"/>

B

About you

3. Details

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Address

RESIDENTIAL ADDRESS

SUBURB STATE POSTCODE

POSTAL ADDRESS

SUBURB STATE POSTCODE

Phone number

LANDLINE

MOBILE NUMBER

Email address

@

If you provide your email address, we will provide your pension advice letter by email, and notify you when your Payment Summary is available electronically via Pensioner Services Online. Please tick this box if you want paper copies of those documents to be sent to the postal address above instead. You can change your communication preference at any time via Pensioner Services Online, or by emailing or calling us.

4. Next of Kin

(Optional) You may wish to provide details of your next of kin. If you do, CSC may reach out to them in the event that we are unable to contact you, if mail sent to you is returned to sender, or if your fortnightly pension payments start being returned. Please note that your next of kin will need an authority from yourself to access information on your account or to act on your behalf. Authority can be provided in section F of this form.

Next of kin name

Address

SUBURB STATE POSTCODE

Email

@

Phone number

5. 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.

Type of financial institution	<input type="checkbox"/> Savings bank	<input type="checkbox"/> Building society	<input type="checkbox"/> Credit union
Account held in the name of	<input type="text"/>		
	<input type="text"/>		
Name of account holder	<input type="text"/>		
	<input type="text"/>		
Branch location	<input type="text"/>		
BSB number	<input type="text"/>	-	<input type="text"/>
Account number	<input type="text"/>		

Note: If the BSB or account number you provide is incorrect the payment will not be accepted by your financial institution. If you have any doubts what your correct BSB or account number is, you should confirm these details with your financial institution before including them in this form.

- * **Overseas residents** – if you are unable to open an Australian bank account, we may be able to pay you via fortnightly cheque or quarterly international bank transfer. Please contact our Loss and Hardship Support team on **(02) 6192 9521** or at **LHS@csc.gov.au** to discuss with your case officer.

6. Tax File Number (TFN) declaration

Please provide us with a completed **TFN declaration** form. It is not an offence to not quote your 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 (plus Medicare levy).**

TFN declaration forms (form number: NAT 3092) are available from either:

- the **Australian Taxation Office (ato.gov.au/Forms/TFN-Declaration)** or
- 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.

If you live in a country that has a double tax agreement (or tax treaty) with Australia, your taxation reporting requirements may be different. To find out more information, or to understand whether you're affected by this please see ato.gov.au or treasury.gov.au

ADF Cover Only - Payment options

7. I wish to

- Claim a Reversionary Spouse Pension (as described in the **ADF Cover Death Benefits** factsheet)
- Convert Reversionary Pension to Lump Sum (Only available if you are under age 60 at the time of your spouse/partner's death)

Please note: If the pension value is calculated to be less than \$5,000 per annum, the pension will automatically be converted to a lump sum. All pension conversions will use the below formula to determine the lump sum value.

Annual rate of pension per annum X 16.5 = Lump Sum Payable

C

Relationship details

8. Living arrangements

Were you living with the deceased at the time of their death?

Yes Go to 11

No Go to 9

9. Not living together at time of death

Were you separated due to an illness, hospitalisation, or long term medical care?

Yes Go to 10

No If no, please provide a brief explanation as to the nature of your separation. Depending on your situation, your case officer will be in touch if additional information is required. **Go to 11.**

If you would like to discuss what additional evidence may be required depending on your circumstances, please contact our Loss and Hardship Support team on **(02) 6192 9521** or at **LHS@csc.gov.au** and a case officer will provide assistance. You may be asked to provide Statutory Declarations setting out the circumstances of the relationship or other evidence such as bank statements, utility bills, rates notices etc.

10. Separated due to illness, hospitalisation, or long term medical care

What was the last date you or your spouse/partner was admitted to hospital or a care facility?

D	D			/	M	M			/	Y	Y	Y	Y

Were you separated for more than 3 years?

Yes **Attach a letter from a treating doctor, medical facility or nursing home confirming that you were separated due to illness, hospitalisation or long term medical care.**

No

11. Type of relationship

Were you and the deceased married?

Yes **Attach a copy of your Marriage Certificate or relationship certificate**

No **Go to 13**

D

Married couple

Had you or the deceased taken action to dissolve your marriage?

Yes **Please provide further details and go to 13**

No

12. Length of relationship

Were you married for more than three years?

Yes **Go to 14**

No **Go to 13**



Not married, or married for under three years

13. Relationship details

When did your relationship commence?

DD / MM / YYYY

If applicable, when did you commence living with the deceased?

DD / MM / YYYY

If applicable, what was the date of your marriage or relationship registration (civil union)?

DD / MM / YYYY

If you and the deceased weren't married, please provide any of the following documents to support your application:

- a bank statement, rates notice, utility bill, or rental agreement in joint names dated three years (if applicable) before the deceased's passing;
• two statutory declarations from a person outside of your immediate family who can comment on the nature of your relationship and how long you and the deceased lived together;
• a Will or insurance policy showing both your names.

If you were living together for less than three years, go to 14. If you were living together for more than three years, go to 15.

14. Financially dependant

Were you financially dependant on the deceased at the time of their death?

- Yes [] If you and the pensioner were living together for less than three years, or, if you were previously in a relationship with the pensioner, still legally married to them, and financially dependent on them at the time of their passing, then please provide copies of evidence such as:
• a bank statement in both your names, including evidence of funds transfers from the deceased to yourself if applicable;
• a rates notice, title deed, or registration papers in joint names, or, a rental agreement in joint names
• utility bills held in joint names
• a concession card or correspondence from another Government Agency showing you listed as a couple
• your fortnightly income and expenses
• any other documents to support your application
No []

15. Children together

Do you have any children under age 25 with the deceased?

This includes adopted children, step children and other children in the meaning of the Family Law Act 1975.

If you are not sure if a child qualifies, please refer to the relevant scheme factsheet available on our website.

- Yes [] Attach a certified copy of the child/children's Birth Certificate or other evidence. If the deceased was a member of DFRDB, or, if your children are over the age of 18 years, please also complete the Child of a deceased pensioner application form.

No []



Authority for someone to act on your behalf

16. Have you given authority for someone to act on your behalf?

Yes Provide their contact details below, and if a Power of Attorney, Administration Order or Public Trustee Guardianship Order is in place, provide a copy of this document, certified on all pages.

No Go to 17

I authorise Commonwealth Superannuation Corporation (CSC) to release information about my super entitlements to:

- Representative Personal representative Financial representative
- Relationship Financial Advisor Solicitor Accountant/tax adviser
- Power of Attorney Administration Order Public Trustee

Note: A Power of Attorney, Administration order or Public Trustee request must be accompanied by this authority form in order for information to be released.

Other (please specify)

For the purposes of Acting on my behalf

Name GIVEN NAME(S)

SURNAME

Date of birth / /

Organisation (if applicable)

You authorise access to your account details to any representative of the organisation or only the named individual

Postal address

SUBURB STATE POSTCODE

Phone HOME PHONE MOBILE NUMBER

Email address
@

Financial Services Licence Number (Financial representative) ABN

Allow access from / / to / /

(only specify an end date if applicable)



Application checklist

17. I have attached the following documents

- Identification Documents** in accordance with **Section H**.
- Tax File Number declaration form**
- 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 a Power of Attorney or Guardianship/Administration Order is applicable, a copy of this document, certified on all pages

18. I have also attached the following as requested

- If you were separated due to illness, hospitalisation or long term care for more than 3 years, a letter from a treating doctor, medical facility or nursing home.
- If you were not living together for a reason other than hospitalisation or care provided by a medical facility, evidence outlining these circumstances. If this is applicable, you may wish to call your case officer on **(02) 6192 9521** or at **LHS@csc.gov.au** when completing your application.
- If you were married or in a registered relationship, a copy of the certificate.
- If you were living with the deceased pensioner for less than three years, or, if you were previously in a relationship with the pensioner, still legally married to them, and financially dependent on them at the time of their passing, then relevant evidence of any financial dependence on the deceased.
- If you and the deceased weren't married or in a registered relationship, evidence to support that you had lived together for more than three years (if applicable), such as bank statements, rates notice, utility bill, insurance policy, or Statutory Declarations from two persons outside of your immediate family who can comment on the nature of your relationship and how long you and the deceased lived together.
- If you had children who were under the age of 25 at the time of the pensioner's death, a certified copy of the child/children's Birth Certificate or other evidence.

19. Ongoing correspondence

At times we may need to contact you or send you updates about pensions payable to you.

If your personal or banking details change, please notify us as soon as possible by contacting us using the details at the end of this form.



Identification requirements

To confirm your identity, we need 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

You can authorise us to verify your identification electronically using 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.

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

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.

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 Officeror
- 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 the *Defence Force Discipline Act 1982*
- 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 legislation.gov.au

Please note:
We require a copy of both sides of your identification document.

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 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 3rd 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 




-  A current Australian Driver's Licence.
-  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.




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 water bill.
-  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. **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 authorised as a notary public in a foreign country, or 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. 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.

***Please, don't send original documents.**



Personal information

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

- 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 on documents
- I declare that I have read and understood the information in this form and in the relevant scheme factsheet.



Sign

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

21. You have now completed this form

Send your completed application and attachments to:

Loss and Hardship Support
GPO Box 2252
Canberra ACT 2601
AUSTRALIA

or email to:

formsandapplications@csc.gov.au



How can I get more information?



Commonwealth Superannuation Scheme

EMAIL members@csc.gov.au
PHONE 1300 000 277
FAX (02) 6275 7010
MAIL CSS
 GPO Box 2252,
 Canberra ACT 2601
WEB csc.gov.au



Public Sector Superannuation Scheme

EMAIL members@pss.gov.au
PHONE 1300 000 377
FAX (02) 6275 7010
MAIL PSS
 GPO Box 2252,
 Canberra ACT 2601
WEB csc.gov.au



Defence Force Retirement & Death Benefits Scheme

EMAIL members@dfrdb.gov.au
PHONE 1300 001 877
FAX 1300 364 144
MAIL DFRDB
 GPO Box 2252,
 Canberra ACT 2601
WEB csc.gov.au



Australian Defence Force Cover

EMAIL members@adfcover.gov.au
PHONE 1300 001 977
FAX (02) 6275 7010
MAIL ADF Cover
 GPO Box 2252
 Canberra Act 2601
WEB csc.gov.au



Military Superannuation & Benefits Scheme

EMAIL members@enq.militarysuper.gov.au
PHONE 1300 006 727
FAX (02) 6275 7010
MAIL MilitarySuper
 GPO Box 2252
 Canberra Act 2601
WEB csc.gov.au

