



Notice of employment/ superannuation membership

Important information about this form

Who should use this form?

Use this form if you are a member of Defence Force Retirement and Death Benefits Scheme (DFRDB Scheme) and you have elected to preserve your superannuation rights. It is particularly important that you complete and submit the forms to DFRDB at the address provided within the specific time frames.

When to use this form

This form must be signed by you and received by DFRDB within 21 days AFTER the ninetieth (90th) day following your discharge from the Defence Force.

Advice and more information

For more information or how to complete this form please contact us on **1300 001 677**.

You can also read:

- The **DFRDB book**
- **Preserved Benefits** factsheet.

Publications are available on the DFRDB website at dfrdb.gov.au

A financial advisor may also be able to assist.

Re-entry to the Defence Force

If at any time you consider re-entry to the Defence Force, contact DFRDB on **1300 001 677**.

To protect your superannuation rights, there is action you must take before re-entering.

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

Mail completed application form and cheque or money order to:

DFRDB
GPO Box 2252
Canberra ACT 2601
Australia



Defence Force
Retirement & Death
Benefits Scheme

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Form start

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

A About yourself

1. Service Navy Army RAAF
2. Service number/employee ID
3. Service number from a previous period of service (if applicable)
4. Salutation Mr Mrs Ms Miss Other
- Surname
- Given name(s)
- Former surname (if applicable)
5. Date of birth / /



Defence Force
Retirement & Death
Benefits Scheme

B Exit details

6. Date of exit / /
7. Postal address
 POSTAL ADDRESS

 SUBURB STATE POSTCODE
8. Phone number
 BUSINESS HOURS

 AFTER HOURS

 MOBILE NUMBER

C Employment details

9. On the 90th day after your discharge were you Unemployed Self employed Employed
10. Name of employer
11. Date employment started / /
12. Address of employer
 ADDRESS

 SUBURB STATE POSTCODE

D Superannuation details

13. Are you a member of a superannuation or retirement benefits scheme applicable to your employment? No Yes—please give details
14. Name of scheme
 SCHEME
15. Do you intend to transfer your superannuation rights to this scheme? No Yes

