



# **Review of student pension**

#### Important information about this form

Under the rules of the Commonwealth and Military superannuation schemes, a student pension is payable to an eligible child of a deceased member between the age of 18 and 25 years, if the child is receiving full-time education at a school, college or university, and is not ordinarily engaged in employment. A pension is not payable if the student changes from full-time to part-time study.

The student named below is either over 18, or will be turning 18, during the coming year. Please complete this form and return it to: DFRDB, GPO Box 2252, Canberra ACT 2601.

How	to	IISA	this	fo	rm
	LU	use.	LHIS		

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this  $\square$  with a  $\checkmark$  or x then fill out the next question or section.

#### **Submitting your form**

Send your completed application and attachments to:

DFRDB GPO Box 2252 Canberra ACT 2601 Australia



### About the student

Reference number	
Salutation	Mr Mrs Ms Other
Surname	
Given name(s)	
Date of birth	D D M M Y Y Y Y Y Y Y Y
Is the student named above under	ertaking a cadetship, traineeship or apprenticeship?
	Yes No
Is this expected to be the student	t's final year of study?
	Yes No





**2.** Please confirm the following details:

Name of institution												
Name of account holder(s)												
Branch name												
Branch (BSB) number		-										
Account number												

# **Education details**

	Education de	etails		
3.	Name of school/college/			
	university			
	Address of school/college/ university	ADDRESS		
		SUBURB	STATE	POSTCODE
	Type of course (eg HSC, degree)			
	Duration of course for this academic year	from DDDMMMMYYYYY to		
		D D M M Y Y Y Y Y		
	Stamp	STAMP OR SCHOOL/COLLEGE/UNIVERSITY		
	I certify that this student, whose date of birth is	D D M M Y Y Y Y		
	and address is recorded as	RESIDENTIAL ADDRESS		
		SUBURB	STATE	POSTCODE
	is undertaking full-time study.	PRINCIPAL/REGISTRAR SIGNATURE  Date sig	gned M M	Y Y Y Y
	Sign		/	



I declare 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.

0	Sign
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RE	Date	e sig	ned							
	D	D		M	M		Υ	Υ	Υ	Υ
			/			/				



## Lodgement

You have now completed this form.

**5.** Send your completed application and attachments to:

DFRDB GPO Box 2252 Canberra ACT 2601 Australia

#### **Privacy**

We're collecting the information on this form for the following reasons:

- to confirm your child's identity
- to assess your child's eligibility for payment of the benefit
- to pay your child's benefit.

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 **dfrdb.gov.au** or by contacting **1300 001 677**, 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.













