



# Application for an Associate Pension\* by the former spouse of a MilitarySuper pensioner

## Important information about this form

### Before you use this form

Before completing this benefit application form, it is recommended that you read the **MilitarySuper Product Disclosure Statement (PDS)** available on our website [csc.gov.au](http://csc.gov.au) or by phoning **1300 006 727**.

### Who should use this form?

You should complete this form if your former spouse is receiving a pension from MilitarySuper and you have been granted a portion of that pension under a Family Law payment split.

This form should not be used if you have your own account with MilitarySuper as a result of a Family Law split which occurred while your former spouse was still a contributing Member of MilitarySuper. The appropriate form to use in these circumstances is the **Age Retirement for Associate Members** form.

### When is the pension paid?

The pension becomes payable on the first available pension payday after the later of the operative time or MilitarySuper receipt of the Family Law Court Order or Superannuation Agreement. The pension is calculated on the basis of a 14 day fortnight.

### Who pays the pension?

Payment is made by Commonwealth Superannuation Corporation (CSC).

### How is the pension paid?

The pension is paid by direct credit to an approved financial institution (bank, building society, credit union) of your choice. If at any time, after the pension has commenced, you wish to change the institution to which pension is being credited, you only need contact MilitarySuper by calling **1300 001 877**.

\*Under the Scheme Rules you are called an Associate and your pension is called an Associate Pension.



Military  
Superannuation &  
Benefits Scheme

➡ About this form continued on next page

## Rollover fund nominations

If you are choosing to rollover part of your benefit, it must be paid to a complying superannuation fund, rollover fund, Retirement Savings Account (RSA). We will not deduct tax from any amount rolled over to another fund however, the receiving fund will deduct 15% tax from any untaxed component of the rollover.

You can nominate two rollover funds or RSA's to receive all or part of your lump sum benefit. Complete one nomination if you are going to rollover your entire benefit to one fund. If you are going to split the amount, complete both nominations with details of the second fund.

We will make all rollover payments directly to your nominated rollover fund(s). Please make sure you have the correct postal address of your fund(s).

When completing this section you must include the name and Australian Business Number (ABN) for the nominated rollover fund or RSA. If you have a membership number (known as Member Client Identifier) and a Unique Superannuation Identifier (USI) for the rollover fund or RSA, please include these numbers.

If you do not have these numbers, you can get them from the rollover fund or RSA. If you don't include these details, it will result in payment delays of your benefit. Please ensure your nominated rollover account(s) is active and can receive deposits from other superannuation funds. Failure to do so will result in the payment being returned to our office.

## Tax File Number requirements

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, MilitarySuper is required to deduct PAYG tax at the Top Marginal Rate plus the Medicare levy from pensions if a person does not provide a Tax File Number (TFN).

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

## Tax File Number Declaration form

The information you provide on this form will determine how much tax is deducted from your pension. Please note you can only claim the tax free threshold against one source of income.

## Medicare Levy Variation Declaration

If you are claiming a Medicare Levy exemption against a pension entitlement, you should include a **Medicare Levy Variation Declaration** form, available from your local Taxation Office, with this application.

## Other deductions

Facilities are not available for deductions other than income tax to be made from your pension.

## Pension increases

Your pension will be subject to bi-annual adjustment in line with upward movements in the Consumer Price Index (March to September and September to March periods). The increase is payable on the first pension payday in January and July each year.

## When does the pension cease?

Your pension is payable until your death. No reversionary benefits are payable.

## How to complete this application

Most questions are self-explanatory. However additional information regarding important or optional questions is provided below.

### About yourself:

This segment provides necessary personal details to enable benefits to be paid to you. It is important that you keep us informed of any changes of address or name.

### Payment details:

This segment lets you tell us where to pay your pension. The account must be held in your name only or jointly between yourself and one other person.

## Contact

If you need more information or help to complete this application please:

### Mail

GPO Box 2252  
Canberra ACT 2601

### Internet

[csc.gov.au](http://csc.gov.au)

### Phone

**1300 006 727**  
for the cost of a local call

### Email

[members@enq.militarysuper.gov.au](mailto:members@enq.militarysuper.gov.au)

### Fax

(02) 6275 7010

When contacting us, please remember to quote your reference number.

## 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

Send your completed application and attachments to:

**MilitarySuper**  
**GPO Box 2252**  
**Canberra ACT 2601**  
**Australia**

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# Application for an Associate Pension\* by the former spouse of a MilitarySuper pensioner

## 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. Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

4. Date of birth   /   /

5. Address

SUBURB  STATE  POSTCODE

6. Phone number

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

\*Under the Scheme Rules you are called an Associate and your pension is called an Associate Pension.



Military Superannuation & Benefits Scheme

➔ Section A continued on next page

7. Email address   
  
 @   
 If you provide your email address, we will provide your pension advice letter and Payment Summary electronically via Pensioner Services Online and notify you by email of when they are available. 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.

## B Method of payment

8. Payment will only be made in your name.

Type of institution  Building Society  Credit Union  Bank

Name of institution

Name of account holder(s)  
 (must include your name)

Branch name

Branch (BSB) number  -

Account number

## C Commutation of Small Associate Pension and rollover elections

9. If your pension is less than \$1,300 per annum (indexed twice yearly from 1 January 2005), check with MilitarySuper for the current amount, then you may elect to commute the pension to a lump sum, equivalent to the value of the transfer amount from which the pension is derived. This election must be made in writing to CSC no later than three months after the non-Member spouse becomes entitled to the pension.

**Only to be completed if you are eligible to commute pension.**

To: CSC

I elect to commute my benefit. Please pay my lump sum to:

Account details shown on **Part B**

Rollover fund detailed below

You may rollover to a maximum of two rollover funds. Payments will be made directly to your nominated rollover fund(s). A copy of the Rollover Benefits Statement will also be included with your benefit payment letter and sent to your nominated address.

Write the amount for each institution, except write 'BALANCE' for the last (or only) fund.

**\* Important:** Please ensure your nominated rollover account(s) is active and able to receive deposits from other superannuation funds. Failure to do so will result in the payment being returned to our office.

Name of rollover fund

Postal address of fund

**RESIDENTIAL ADDRESS**

**SUBURB**  **STATE**  **POSTCODE**

Fund Identification Number

**➔ Section C continued on next page**

|   |                         |
|---|-------------------------|
| Australian Business No. (ABN) of rollover fund              | <input type="text"/>    |
| Membership No. (known as Member Client Identifier) for fund | <input type="text"/>    |
| Unique Superannuation Identifier (USI)                      | <input type="text"/>    |
| Amount  | \$ <input type="text"/> |

If you would like to rollover your benefit to more than one fund, please attach the same details as above for the second fund.

# D

## Identification requirements

10. 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.

**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.

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

### 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 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.
- 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 [www.legislation.gov.au/Details/F2018L01296](http://www.legislation.gov.au/Details/F2018L01296)

**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 by placing a check in the box 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.



**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.




### 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 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](http://ag.gov.au) and [dfat.gov.au](http://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.**



# E

## Tax File Number

11.

Under the *Superannuation Industry (Supervision) Act 1993*, we are 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. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request 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)
- the tax on contributions to your superannuation account/s will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits
- it will make it much easier to trace difference 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 will be 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.

Your Tax File Number

|  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
|  |  |  |  | - |  |  |  |  | - |  |  |  |  |
|--|--|--|--|---|--|--|--|--|---|--|--|--|--|

Your Tax File Number remains confidential

# F

## Document list

12.

If you have included attachments with this application, please tick the appropriate box(es) to ensure the attachments are properly recorded.

- Tax File Number Declaration form
- Medicare Levy Variation Declaration
- Certified copies of documents requested to prove your identity
- Other (please specify below)

# G

## Member declaration

13.

I declare that:

- 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 been advised to read the **PDS** before completing this application form.
- I understand the options available for my benefit entitlement.

I also declare in relation to my Tax File Number (TFN) that:

- I have read and understood the information set out in **Part E** – I understand that supplying my Tax File Number is optional and that if I have not provided my Tax File Number, tax will be deducted at the highest marginal rate
- the Tax File Number I have provided is the same number advised to me by the Australian Taxation Office
- the Tax File Number will be provided to a rollover fund unless I advise you not to
- I understand that if I have not provided 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 |
|   |   |   |   |   |   |   |   |   |   |

I do not want my contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by MilitarySuper.



# Lodgement

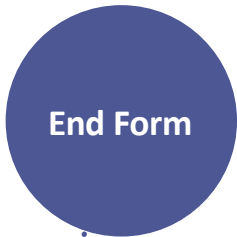
**You have now completed this form.**

14. Send your completed application and attachments to:

**MilitarySuper**  
**GPO Box 2252**  
**Canberra ACT 2601**  
**Australia**

## Privacy

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 [csc.gov.au](http://csc.gov.au) or by contacting us on **1300 006 727**, 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.



**End Form**



**Need assistance?  
Call us on the phone  
numbers below**



**Email**  
[members@enq.militarysuper.gov.au](mailto:members@enq.militarysuper.gov.au)



**Phone**  
1300 006 727



**Fax**  
(02) 6275 7010



**Post**  
MilitarySuper  
GPO Box 2252  
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