



# Family law application for superannuation information

## Form and Declaration

### Important information about this form

The *Family Law Act 1975* allows an eligible person to request Commonwealth Superannuation Corporation (the trustee) to provide certain information about a member's super account or accounts. An eligible person is:

- a member of Australian Defence Force Superannuation Scheme (ADF Super), or
- the spouse of a member of ADF Super, or
- a person who intends to enter into a super agreement with a member of ADF Super.

To receive information about your super account, or a member's super account, you must complete this application, together with the accompanying declaration (**Form 6**), which is made in accordance with subsection 90XZB of the *Family Law Act 1975*.

If you are requesting information about you and your spouse (that is, both of you are members), you will need to complete a separate application and declaration to receive your spouse's information.

### Before you complete this form

Please ensure you have read and understood the ADF Super Product Disclosure Statement (PDS) and understand the fees and costs associated with Family Law requests. The person or party requesting the information is required to pay the fee.

### If the party is a member

A fee of \$170 is payable for the preparation of a response to a request for superannuation information. If the party is a member, this fee will be paid from their account when the request is processed. No GST is payable.

### If the party requesting the information is not the member

If the party is not the member, GST is payable on the family law fee. A fee of \$187 (inclusive of GST) is payable for the preparation of a response to a request for superannuation information. The fee is payable by bank transfer to ADF Super.

### How to pay

**IMPORTANT:** Please process payment of the required fee within three business days of the submission of this form.

Please transfer the required amount to the following bank details:

Account name:	ADF application account
BSB:	092-009
Account:	121757
Reference:	The member's full name ie SURNAME First name

### How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

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

### Privacy

Protecting your privacy is important to CSC. CSC collects personal information for the purposes of providing superannuation products and information to members, including the administration of superannuation legislation and rules, and for any other directly relatable purposes.

Your personal information will be disclosed to Superannuation Administration Corporation, trading as Mercer Administration (Mercer) ABN 80 976 223 967, AFSL 245591 for the purposes of establishing, administering and releasing your account. CSC may also disclose your personal information to the extent that it is required or permitted to do so by law.

A full copy of our privacy policy is available at [adfsuper.gov.au](https://adfsuper.gov.au). Alternatively, you may request a full copy of our privacy policy by telephoning us on **1300 203 439**.



Australian  
Defence Force  
Superannuation

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 ADF Super 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 Australian Defence Force Superannuation Scheme (ADF Super) ABN: 90 302 247 344 RSE: R1077063



## Family Law Act 1975

# Application for superannuation information

**Read the Important Information notes and each section of the form carefully before filling it in.**

## A Personal details

Please complete **Section A1** if you are an ADF Super member or **Section A2** if you are not an ADF Super member.

**Section A1** (Complete this part if you are an ADF Super member.)

Service      ☐ Navy                  ☐ Army                  ☐ RAAF

ADF Super membership number/Service number

Title      ☐ Mr        ☐ Mrs        ☐ Ms        ☐ Miss     ☐ Other

Surname

Given name(s)

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

Phone      Business hours      After hours

Mobile number

Email

Date(s) calculation to be made  
1. D D / M M / Y Y Y Y      2. D D / M M / Y Y Y Y  
3. D D / M M / Y Y Y Y      4. D D / M M / Y Y Y Y

**IMPORTANT:** The above-mentioned fee is payable for each date in which information is being sought.



## Australian Defence Force Superannuation

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**Section A2** *(Complete this part if you are the spouse of an ADF Super member or if you are considering entering into a superannuation agreement with an ADF Super member.)*

[illegible]

**IMPORTANT:** The above-mentioned fee is payable for each date in which information is being sought.

### Information about the member

Member's service	<input type="checkbox"/> Navy	<input type="checkbox"/> Army	<input type="checkbox"/> RAAF														
Member's ADF Super membership number/ Service number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
Member's title	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Member's surname	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
Member's given name(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
Member's date of birth	D	D	/	M	M	/	Y	Y	Y	Y							

## B Checklist

Make sure you follow these steps:

- ☐ Complete an Application for super information form.
- ☐ Complete a Declaration to accompany application for super information (**Form 6**).
- ☐ I have made payment via EFT and have attached remittance advice with this form.

## C Lodgement

Please email or post your completed application and declaration to:

[formsandapplications@adfsuper.gov.au](mailto:formsandapplications@adfsuper.gov.au)

or

**ADF Super, Locked Bag 20116, Melbourne VIC 3001**



## Form 6

## Support declaration

Full name

[illegible]

D	D	M	M	Y	Y	Y	Y

Street

[illegible]

Suburb/town

[illegible]

State

--	--	--

Postcode

--	--	--	--

☐ my super interest

**OR**

□ a super interest of

[illegible][illegible]

D	D	M	M	Y	Y	Y	Y

ADF Super membership/  
Service number

## B Relationship to member

I am (please chose one)

☐ a member of ADF Super

OR

☐ the spouse of

Member's given name(s)

Member's surname

Member's date of birth   /   /

who is a member of ADF Super,

OR

☐ intending to enter into a super agreement under Part VIIIB of the *Family Law Act 1975* with:

Member's given name(s)

Member's surname

Member's date of birth   /   /

who is a member of ADF Super.

## C Declaration

I need the information to (please choose one):

☐ help me to properly negotiate a super agreement

OR

☐ help me with the operation of Part VIIIB of the *Family Law Act 1975*.

 Sign

Signature

Date signed

/   /

## D Lodgement and payment

Please transfer the required amount to the following bank details:

Account name: **ADF application account**  
BSB: **092-009**  
Account: **121757**  
Reference: **The member's full name ie SURNAME First name**

Please email or post your completed application and declaration to:

**[formsandapplications@adfsuper.gov.au](mailto:formsandapplications@adfsuper.gov.au)**

or

**ADF Super**  
**Locked Bag 20116**  
**Melbourne VIC 3001**

 For more information visit **[csc.gov.au](https://csc.gov.au)**

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