



IERF
01/21

Invalidity retirement and PIP proportion estimate request form

[illegible][illegible][illegible]

BUSINESS HOURS								AFTER HOURS							

[illegible]

Date _____

D	D				

/

M	M				

/

Y	Y	Y	Y		

- ☐ Invalidity retirement
- ☐ PIP proportion

☐ Agency email

☐ Member email (please specify on following pages)

Member's Details

[illegible][illegible]

D	D		M	M		Y	Y	Y	Y
		/			/				

\$ _____

\$									
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\$									
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\$									
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***For PIP proportion estimates the salaries should relate to the date of reduction (on page 2), not the date of exit**



**Commonwealth
Superannuation
Corporation**

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

**Public Sector
Superannuation
accumulation plan**
ABN: 65 127 917 725
BSF: R1004601

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

- 1922 Scheme
- DFRB Scheme
- PNG Scheme
- DFSPB
- CSC retirement income

D	D	M	M	Y	Y	Y	Y

D	D		M	M		Y	Y	Y	Y
		/			/				

[illegible]

D	D	M	M	Y	Y	Y	Y

D	D			M	M			Y	Y	Y	Y

D	D		M	M		Y	Y	Y	Y
		/			/				

