



# Application for Child's Benefits (including Ancillary Benefits)

## 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](https://csc.gov.au) or by calling **1300 006 727**.

### Who should use this form?

This form should be completed by an eligible child over the age of 18 or on behalf of an eligible child under the age of 18 where a member, former member or pensioner of MilitarySuper dies and is not survived by an eligible spouse.

If there is an eligible spouse survived by the deceased, please complete the **Spouse of a deceased pensioner (MILSOP)** form.

For the definition of an eligible child please contact MilitarySuper or refer to the website at [csc.gov.au](https://csc.gov.au)

### Completing this form

Complete:

- **Part A:** About the deceased
- **Part B:** About the child
- **Part C:** About the person claiming the benefit
- **Part D:** Full-time student details
- **Part E:** Identification requirements
- **Part F:** Payment details
- **Part G:** Document list
- **Part H:** Tax File Number
- **Part I:** Applicant declaration

Then lodge with MilitarySuper at the address in **Part J**.

### Ancillary Benefit

The lump sum benefit will include an Ancillary Benefit if any of the following amounts were paid into the deceased person's MilitarySuper account:

1. Additional Personal Contributions.
2. Salary Sacrifice amounts.
3. Transfer Amounts.
4. Spouse Contributions (please note that spouse contributions are those paid by the deceased person's partner into the deceased's MilitarySuper account).
5. Co-Contributions.
6. Super Guarantee amounts.
7. Low Income Superannuation Contributions.

The Ancillary Benefit is payable as a cash lump sum only. There is no pension or rollover option.



Military  
Superannuation &  
Benefits Scheme

➡ About this form continued on next page

## Surcharge debt

If the deceased was a member of the Australian Defence Force (ADF) at the time of death and had a superannuation contribution surcharge debt, it will be deducted from the benefit before payment.

## Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, MilitarySuper is required to deduct PAYG tax at the highest marginal tax rate plus Medicare levy from benefits if a person does not provide a Tax File Number (TFN). We are required to validate your TFN with the Australian Taxation Office's (ATO's) records to confirm the TFN provided is yours and is correct. If you do not provide your TFN, the processing of your benefit payment may be delayed.

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.

## Taxation matters

Lump sums paid to dependants on the death of a member are not considered to be Superannuation Lump Sum Payments for the purposes of the taxation legislation.

Any pension that is paid is taxed as income.

## Payment

Lump sum and rollover payments are normally paid within 15 working days after the date we receive the application and verify eligibility, whichever is the later.

## Further information

If you require further information you can contact us on **1300 006 727**, you can also read the following publications:

- **MilitarySuper Product Disclosure Statement (PDS)**
- **Death and Dependants' Benefits** factsheet
- **Superannuation Contributions Surcharge** factsheet
- factsheet on each Ancillary Benefit type

All these publications are available at **csc.gov.au**. A Financial Advisor may also be able to assist.

## Contact

**We must provide you with any information you need to understand your benefit entitlements.**

If you have any further questions about your benefit entitlements or investment options you can contact us in the following ways:

### Mail

GPO Box 2252  
Canberra ACT 2601

### Internet

**csc.gov.au**

### Phone

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

### Email

**members@enq.militarysuper.gov.au**

### Fax

(02) 6275 7010

## 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**



**M85**  
**02/23**

# Application for Child's Benefits (including Ancillary Benefits)

# Form start

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



## About the deceased

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)

5.

Date of birth

D

D

/

M

M

/

Y

Y

Y

Y

6.

Date of death

D

D

/

M

M

/

Y

Y

Y

Y

(Please attach a certified copy of the death certificate or forward later when available.)



## Military Superannuation & Benefits Scheme



## About the child

7. Salutation ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

8. Sex ☐ Male ☐ Female

9. Date of birth   /   /

(Please attach a copy of the full birth certificate.)

10. What is the child's relationship to the deceased?

11. Are there other children who may be eligible for a benefit? ☐ No – Go to **Part C** ☐ Yes – Go to **Question 11a.**

11a. Please provide details of other children who may also be eligible for a benefit. If any of the children are not in your care please attach the name(s) and address(es) of the relevant guardian(s). Please indicate if you have submitted a separate application form for that child.

Surname of child

Given name(s)

Date of birth   /   /

Relationship to the deceased (eg child, adopted child, or a child within the meaning of the *Family Law Act 1975*)

Has a separate application been submitted? ☐ No ☐ Yes

If there are more than three children please attach the same details as above for each additional child.

Surname of child

Given name(s)

Date of birth   /   /

Relationship to the deceased (eg child, adopted child, or a child within the meaning of the *Family Law Act 1975*)

Has a separate application been submitted? ☐ No ☐ Yes

If there are more than three children please attach the same details as above for each additional child.



12.	Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Surname	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
	Given name(s)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div>
13.	Is the child living with you on a permanent basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes
14.	Are you also acting as the personal representative of the estate?	<input type="checkbox"/> No – Name of personal representative (below) <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="margin-top: 5px;"> <b>POSTAL ADDRESS OF PERSONAL REPRESENTATIVE (BELOW)</b> <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> <b>SUBURB</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 20%;"> <b>STATE</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 20%;"> <b>POSTCODE</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div> <input type="checkbox"/> Yes – Please also complete the <b>Application for Estate Benefits (DM90)</b> form
15.	Date of birth	<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <b>D D</b>  <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="margin: 0 10px;">/</div> <div style="text-align: center; margin-right: 10px;"> <b>M M</b>  <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="margin: 0 10px;">/</div> <div style="text-align: center;"> <b>Y Y Y Y</b>  <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> </div>
16.	Postal address of applicant	<b>POSTAL ADDRESS</b> <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> <b>SUBURB</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 20%;"> <b>STATE</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 20%;"> <b>POSTCODE</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>
	Residential address of applicant	<b>RESIDENTIAL ADDRESS</b> <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> <b>SUBURB</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 20%;"> <b>STATE</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 20%;"> <b>POSTCODE</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>
17.	Contact details	<b>BUSINESS HOURS</b> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <b>AFTER HOURS</b> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <b>MOBILE NUMBER</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div>
	Email address	<div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <div style="margin-top: 5px;">       @ <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div>
		<input type="checkbox"/> 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 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.





## Identification requirements

19.

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.**



## Payment details

20.

### Type of institution

1

Building Society

9

## Credit Union

11

Bank

Name of institution

[illegible][illegible]

Name of account holder(s)  
(must include the name of  
the child)

[illegible][illegible]

Branch name

[illegible]

Branch (BSB) number

	-			
--	---	--	--	--

Account number

--	--	--	--	--	--	--	--	--

## Document list

21.

**If applicable**, when you lodge this form, please provide the following documents:

9

## Death certificate

1

Child's full birth certificate or birth extract

9

**Medicare Levy Variation Declaration** (if you are claiming a Medicare levy exemption against a pension entitlement) – the form is available from your local Taxation Office.

1

Other for example – Guardianship Order (please specify below)

[illegible][illegible][illegible]

## Tax File Number

22.

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.

We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and is correct. If you do not provide your TFN, the processing of your benefit payment may be delayed.

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 and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If you have already provided your TFN to MilitarySuper, you are under no obligation to provide it again in this application.

Your TFN remains confidential.

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## Applicant declaration

23.

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 TFN that:

- I have read and understood the information set out in **Part H** – I understand that supplying my TFN is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal rate.
- the TFN I have provided is the same number advised to me by the ATO.
- the TFN 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 an independent firm for the purpose of participating in research on the service provided by MilitarySuper.



## Lodgement

**You have now completed this form.**

24.

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](https://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



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  
Canberra ACT 2601



Web  
[csc.gov.au](https://csc.gov.au)



Overseas Callers  
+61 2 6275 7000