



Child of a deceased member

Benefit application

1. Explanatory notes
2. Form
3. Supplement A: Student eligibility

Important information about this form

Before completing this benefit application form, you are advised to read the **CSS or PSS Product Disclosure Statement (PDS)** which is available from csc.gov.au, under **Advice & resources**. If you need assistance, call CSS on **1300 000 277** or PSS on **1300 000 377**.

This form is to be completed by persons who have care, control and custody of the child of a deceased member that they consider is either an eligible child or a partially dependent child. A separate form is required for each child. Eligible children 18 years and over may apply for a benefit in their own right.

Definition of an eligible child or a partially dependent child

An eligible child includes a child of the deceased member who, immediately before the death of the member ordinarily lived with the member or was, in CSC's opinion, substantially dependent on the member, and:

- is under the age of 18; or
- is aged between 18 and 25 and is receiving full-time education at a school, college or university.

A child who did not live with, or was not substantially dependent on, the deceased member immediately before their death, but who would have otherwise satisfied the definition of eligible child above, may be a partially dependent child if the deceased member was making, or required by a court to make, regular maintenance payments in respect of the child.

For more information on the definitions of an eligible child or a partially dependent child, please see the **CSS or PSS Death benefits** factsheets available from csc.gov.au, under **Advice & resources**. If you need assistance call CSS on **1300 000 277** or PSS on **1300 000 377**.

How to use this form

Please use a black or blue pen.

- Mark boxes like this ☐ with a ✓ or ✗ then fill out the next question or section.
- Where you see a box like this ☐ ➔ **Go to 3** – skip to the question number shown. You do not need to answer the questions in-between.
- Where you see a box like this ☐ ➔ **Attach A** – attach the requested documents.

Submitting your form

Please post your completed, signed application form and attached documents to:

CSS/PSS

GPO Box 2252

Canberra ACT 2601

AUSTRALIA

Email: formsandapplications@csc.gov.au



1. Explanatory notes start

These **Explanatory notes** are intended to assist you to complete the attached benefit application form. Before completing this benefit application form, you are advised to read the relevant scheme **Product Disclosure Statement (PDS)** available at csc.gov.au

It is suggested that you separate the notes from the form so that you can refer to them as you complete the application form. We can provide details of your benefit entitlement and explain benefit options.

For more information:

CSS

Phone: 1300 000 277
Fax: 02 6275 7010
Email: members.aps@contact.csc.gov.au

PSS

Phone: 1300 000 377
Fax: 02 6275 7010
Email: members.aps@contact.csc.gov.au

Section A – About the deceased

Please complete all the boxes in this section.

Please also attach a certified copy of the full death certificate (if not already provided).

Section B – Child's details

Complete all the boxes in this section for all potential eligible children. Please provide any necessary birth certificates or student review forms as required. Remember: you need to complete a separate form for each eligible child in your care, control or custody.

Section C – Your details

Please complete all the boxes in this section. It allows us to identify you, and tells us how to contact you.

Section D – Identification requirements

To guard against fraud, money laundering, terrorism financing, you need to provide us with information to verify your identity before your request can be processed. The identification documents you send us will be verified electronically using a Document Verification System, or you can provide certified copies of your documents with your application. If you supply certified documents, the person certifying them must attest that the documents are true copies, and that you are the valid holder of the identification. Copies of your documents will be scanned and stored on our secure document management system.

Section E – Declaration

You must sign the Declaration in all cases.

Note: There are penalties for making false declarations in respect of claims for benefits.

Section F – Application checklist

Please ensure relevant documents are included with your application.

End of
explanatory
notes



Child of a deceased member

Benefit application

2. Form start

Read the Explanatory notes and each section of the form carefully before filling it in.

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at csc.gov.au/Members/Privacy-policy

A

About the deceased member

1. Member details

Reference number (AGS)

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

Title

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other				
-----------------------------	------------------------------	-----------------------------	-------------------------------	--------------------------------	--	--	--	--

Surname

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

Given names

Date of birth

D	D			M	M			Y	Y	Y	Y

Date of death

D	D			M	M			Y	Y	Y	Y

Please provide a copy of the certified death certificate.

B

About the child

2. Child details

Surname

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

Given name(s)

Date of birth

D	D			M	M			Y	Y	Y	Y

Please provide a certified copy of the child's full birth certificate; we require this to confirm the identity and date of birth of the child. For information on who can certify the document, please see instructions in Section D.

3. Relationship details

What is your relationship to the child?

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What was the child's relationship to the deceased member?

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

CSC

CSS

PSS

➔ Section B continued on next page

4. Living Arrangements

Was the child living with the deceased at the time of death?

Yes ☐ Go to question 6

No  Go to question 5

5. Dependency

Was the child wholly or substantially dependant upon the deceased at the time of death?

Yes ☐ Go to 6

No ☐

Include all details of dependency with the application including any supporting documents you may think relevant, e.g. maintenance agreements.

6. Age of child

Is the child aged 18 years or more?

Yes ☐ Please include with this application the **Review of student pension (SC3)** form (see attachment A to this form). If you need assistance call CSS on **1300 000 277** or PSS on **1300 000 377**.

No ☐

7. Other eligible children

Please indicate whether there are other children whom you consider are also eligible for a benefit. If any of the children are in your care, control and custody, separate applications need to be completed for them. If not, please attach a list of the name(s) and address(s) of the relevant guardians.

Child two:

Surname

[illegible]

Given name(s)

[illegible][illegible]

Date of birth

D	D		M	M		Y	Y	Y	Y
		/			/				

Child three:

Surname

[illegible]

Given name(s)

[illegible][illegible]

Date of birth

$$\begin{array}{|c|c|} \hline \text{D} & \text{D} \\ \hline \end{array} \quad / \quad \begin{array}{|c|c|} \hline \text{M} & \text{M} \\ \hline \end{array} \quad / \quad \begin{array}{|c|c|c|c|} \hline \text{Y} & \text{Y} & \text{Y} & \text{Y} \\ \hline \end{array}$$

Child four:

Surname

[illegible]

Given name(s)

[illegible][illegible]

Date of birth

D	D	M	M	Y	Y	Y	Y

/ /

Child five:

Surname

[illegible]

Given name(s)

[illegible][illegible]

Date of birth

D	D	M	M	Y	Y	Y	Y

/

/

Surname

Given name(s)

Date of birth

8. Bank account details



Please note that pensions can only be paid to an account in the **applicant child's name** and **must be in Australia**. This can be a joint account.

Type of financial institution

☐ Savings bank

☐ Building society

☐ Credit union

Account held
in the name of

Name of account holder

Branch location

BSB numberAccount number

Note: If the BSB or account number you provide is incorrect the payment will not be accepted by your financial institution. If you have any doubts what your correct BSB or account number is, you should confirm these details with your financial institution before including them in this form.

☐ The information I have supplied is true and correct.



Sign

SIGNATURE

Date signed

D	D	M	M	Y	Y	Y	Y



About you

9. Your details

Please fill in this section if the child is under the age of 18.

Reference number (AGS)
(if applicable)Title

Mr

Mrs

Ms

Miss

☐ Other

Surname

Given name(s)

Date of birthResidential Address

D	D	M	M	Y	Y	Y	Y

SUBURBSTATEPOSTCODE

Postal address
(leave blank if same as
residential address)

SUBURB

STATEPOSTCODE

Section C continued on next page

BUSINESS HOURS

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

AFTER HOURS

--	--

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

MOBILE NUMBER

--	--	--	--

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

[illegible]

D Identification requirements

Verifying your documents

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

Certifying your documents

Please note:
We require a copy of
both sides of your
identification document.

AODM 6 of 10

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](https://www.ag.gov.au) and [dfat.gov.au](https://www.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.**

1,

[illegible][illegible][illegible]

- I have been advised to read the CSS or PSS PDS before completing this form.
- 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.



SIGNATURE

D	D		M	M		Y	Y	Y	Y
		/			/				

I have:

- ☐ read all the **Important information about this form** and any other information I require to make an informed decision
- ☐ filled in all the sections applicable to me
- ☐ attached a certified copy of the child's full birth certificate
- ☐ attached a **Review of student pension** form if the child is 18 years or older
- ☐ provided evidence of the signatories for the child's bank account
- ☐ signed the Declaration in **Attachment A at Section C**
- ☐ attached certified copies of documents as requested at **Section D**, if you've elected to **Verify your identity using certified documents**.

Please send this completed form and all relevant attachments to:

Email: formsandapplications@csc.gov.au

End Form



Important information about this form

The student named below is either 18 or over or will be turning 18 during the coming year.

Submitting your form

Please post your completed form to:

CSS/PSS

GPO Box 2252

Canberra ACT 2601

Email: formsandapplications@csc.gov.au

Applicant details

Child/student's name

SURNAME

[illegible]

GIVEN NAME(S)

[illegible]

Date of birth

D	D	M	M	Y	Y	Y	Y

Education details

Name of school/college/
university

[illegible]

PHYSICAL ADDRESS																																												
SUBURB															STATE															POSTCODE														
POSTAL ADDRESS																																												
SUBURB															STATE															POSTCODE														

[illegible]

☐ Full-time ☐ Part-time

☐ Full-time ☐ Part-time

D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

PRINCIPAL/REGISTRAR SIGNATURE	STAMP OF SCHOOL/COLLEGE/UNIVERSITY/TAFE
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D	D		M	M		Y	Y	Y	Y
		/			/				

1,

SURNAME	

[illegible]

declare the above to be true and correct to the best of my knowledge.

SIGNATURE _____ Date signed D D / M M / Y Y Y Y

BUSINESS HOURS		AFTER HOURS	

MOBILE NUMBER					

[illegible]

 **Email**
members.aps@contact.csc.gov.au

 **Phone**
CSS: 1300 000 277
PSS: 1300 000 377

 **Fax**
(02) 6275 7010

 **Post**
GPO Box 2252
Canberra ACT 2601

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

 **Overseas Callers**
+61 2 6275 7000