



Estimate request

(member use only)

Important information about this form

Please fill in this form if you may be exiting in the next 12 months and would like a benefit estimate. If you exited due to a redundancy, an estimate will be calculated once your employer submits the estimate request.

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.

Sign your name where needed, if you do not sign the form it will be returned to you

Privacy

Your privacy is important to us. We are collecting information on this form to administer your super. If you'd like to read the CSC's privacy and security statement, visit csc.gov.au

Financial advice for your needs and goals

Obtaining professional advice from an experienced financial planner can help you reach your financial goals.

CSC's authorised financial planners provide 'fee for service' advice, which means you receive a fixed quote upfront. There are no obligations, commissions or hidden fees.

To arrange an initial advice appointment please call 1300 277 777 during business hours.



Commonwealth
Superannuation
Scheme

Reference number (AGS)	<input type="text"/>
Surname	<input type="text"/>
Given names	<input type="text"/>
Date of birth	<div>D D / M M / Y Y Y Y</div> <input type="text"/>
Date of exit	<div>D D / M M / Y Y Y Y</div> <input type="text"/>
Exit salary	\$ <input type="text"/>
Phone number	<div>BUSINESS HOURS</div> <input type="text"/>
Exit type (please select one):	<input type="checkbox"/> resignation and dismissal <input type="checkbox"/> age retirement
Estimate to be returned by (please select only one: email, post or fax):	<input type="checkbox"/> Member email <input type="checkbox"/> Third party email
Allow CSS to send your superannuation estimate to another person/financial advisor/financial institution/solicitor. <input type="text"/>	
@ <input type="text"/>	
<input type="checkbox"/> Post	<div>POSTAL ADDRESS</div> <input type="text"/>
	<input type="text"/>
	<div>SUBURB STATE POSTCODE</div> <input type="text"/>
<input type="checkbox"/> Fax	<input type="text"/>
	<input type="text"/>
	<div>SIGNATURE</div> <input type="text"/>
	<div>Date signed</div> <div>D D / M M / Y Y Y Y</div> <input type="text"/>



Lodgement

You have now completed this form.
Please send your completed request to:

CSS
GPO Box 2252
Canberra ACT 2601

or email to:

formsandapplications@csc.gov.au

End Form

Need assistance?
Call us on the phone
numbers below



Email
members@csc.gov.au



Phone
1300 000 277



Financial Advice
1300 277 777



Post
CSS
GPO Box 2252
Canberra ACT 2601



Web
csc.gov.au



Overseas Callers
+61 2 6275 7000



Fax
(02) 6275 7010