



Estimate request form (member use only)

Important information about this form

What this form is for

Please fill in this form if you would like an estimate of benefits available to you on exit if that date is within 12 months. For benefit estimates beyond 12 months, you'll need to log into our Navigator portal and use the iEstimator.

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

Please send the completed form to formsandapplications@csc.gov.au or post to

PSS

GPO Box 2252

Canberra ACT 2601

AUSTRALIA

Privacy

Your privacy is important to us. We are collecting information on this form to administer your super. If you'd like to read 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.



Public Sector
Superannuation
Scheme

Reference number (AGS)

Title

 Mr Mrs Ms Miss Other

Your name

GIVEN NAME(S)

SURNAME

Date of birth

D D / M M / Y Y Y Y

Proposed date of exit*

D D / M M / Y Y Y Y

Phone number

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Exit type
(please select one):

- resignation and dismissal
- age retirement
- redundancy (voluntary or involuntary)

Super salary at proposed exit date (used for redundancy estimates only)

\$

- invalidity

Date of when you started sick leave for a continuous period because of a serious medical condition (leave blank if unsure or not applicable)

D D / M M / Y Y Y Y

Estimate to be returned by
(please select only one):

- Email

@

- Post

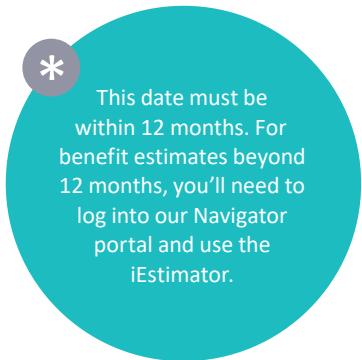
POSTAL ADDRESS

SUBURB **STATE** **POSTCODE**

- Third party email

Allow PSS to send your superannuation estimate to another person/financial advisor/financial institution/solicitor.

@



! Please note that if your email or postal address differs from our records, we will update our records to reflect the information in this form.

Declaration

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.

 **Sign**

SIGNATURE

Date signed

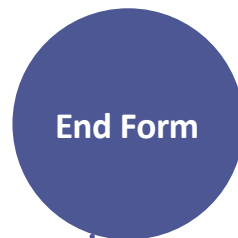
D	D	/	M	M	/	Y	Y	Y	Y
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Lodgement

You have now completed this form.

Please send your completed form to formsandapplications@csc.gov.au
or post to:

PSS
GPO Box 2252
Canberra ACT 2601



Need assistance?
Call us on the phone
numbers below



Email
members@pss.gov.au



Phone
1300 000 377



Financial Advice
1300 277 777



Post
PSS
GPO Box 2252
Canberra ACT 2601



Web
csc.gov.au



Overseas Callers
+61 6275 7000



Fax
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