Australian Government **Commonwealth Superannuation Corporation**





Child of a deceased member **Benefit** application



1. Explanatory notes

Important information about this form

Who should use this form?

This form may be completed by an eligible child over the age of 18, or on behalf of an eligible child under the age of 18, where an ADF Cover member has passed away and is not survived by an eligible spouse or if the applicant child is not in the care, custody or control of an applicant spouse. Please complete a separate form for each child.

Who is an eligible child?

A person is an eligible child if the person is a child of the deceased covered member or pensioner and the person is either:

- under 18 years of age; or
- at least 18 but under 25 years of age and receiving full-time education and was wholly or substantially dependent on the invalid or member at the time of death.

A person is a child of the deceased covered member or pensioner if the person:

- is a child or ex-nuptial child of the pensioner or member; or
- was a step-child, an adopted child, a foster child or a ward of the pensioner or member when the pensioner or member died; or
- is a child or ex-nuptial child of a surviving spouse of the pensioner or member and was wholly or substantially dependent upon the pensioner or member when the pensioner or member died.

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this \square with a \checkmark or \checkmark 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.

Submitting your form

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

ADF Cover **GPO Box 2252** Canberra ACT 2601 **AUSTRALIA** Faxed copies will not be accepted.



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1. Explanatory notes start

Before you start

If you are under the age of 25 years, you may be eligible for a benefit. Before completing this benefit application form, we advise you read the **ADF Cover Death Benefits factsheet available** from **csc.gov.au**. Please ensure you attach all relevant documentation with this application. An incomplete application could result in a delay of your assessment or payment.

Advice and information

If you require further information or assistance completing this form, please contact us on **1300 001 977**.

Completing this application

Following are some notes to assist you in completing each section of the benefit application.

Section A – About the deceased

Please complete all boxes in this section.

Section B – Parent or Guardian details

Please complete this section if you are the parent or guardian of the child. If you are a child aged 18 or over this section is not applicable.

Section C – About the child

Please complete all boxes in this section.

The postal address you provide is where all correspondence will be sent.

A contact phone number or email address is also required in case we need to contact you regarding your application. This will help prevent delays in payment.

Section D – Living arrangements of the child

Complete all the boxes in this section

Section E – Education details of the child between 18 to 25 years

Complete all the boxes in this section and provide any necessary certificated or Statutory Declarations as required.

Please note that, reviews will be conducted to assess your ongoing eligibility as a dependant 'eligible' child until the age of 25. You must inform us of any changes in your circumstances which could affect your eligibility.

Section F – Child payment details

This section is where you nominate the account you want the benefit to be paid.

We can only pay the benefit into an Australian bank account held in the name of the child applicant. If it's a joint account, one of the names listed must be that of the child applicant.

Please ensure the information here is correct, as a delayed payment may result if it is not.

Section G – Details of any other children

This section is to advise details of other children who may also be eligible for a benefit. This includes any children that are not in your care.

Section H – 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 I – Declaration

If you don't sign this section, your form will be returned to you and your payment may be delayed.

Section J – Checklist

Use this checklist to ensure you have completed all sections of this form.

Privacy

Protecting your privacy is important to Commonwealth Superannuation Corporation (CSC). CSC collects personal information for the purposes of providing superannuation products and information to members, including the administration of superannuation legislation and rules, and for any other directly relatable purposes.

Your personal information may be disclosed to Superannuation Administration Corporation, trading as Pillar Administration (Pillar) ABN 80 976 223 967, AFSL 245591 for the purposes of establishing, administering and releasing your account. CSC may also disclose your personal information to the extent that it is required or permitted to do so by law.

A full copy of our privacy policy is available at **csc.gov.au.** Alternatively, you may request a full copy of our privacy policy by telephoning us on **1300 001 977.**



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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.



About the deceased

Salutation	Mr	Mrs	Ms	Miss	Other		
Surname							
Given name(s)							
Date of birth	D D	<u>мм</u>	<u> </u>				
Date of death				c			
Was the member in receipt of an invalidity pension under ADF Cover?	Yes - Do Please r benefit	ide a copy of t o not use this fo refer to the ADI s factsheet for form to use.	rm. - Cover Death	No			
Scheme details: ADF Cover membership number / Service number Service	Navy	Army	RAAF				
Did the deceased leave a Will?	Yes – pl	ease attach a c	ору	No			
ADF Defence Force							
Cover Cover				0	Section A con	tinued on nex	t page

The information provided in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 Administrator of Australian Defence Force Cover (ADF Cover) ABN: 64 250 674 722

Who is the executor?		
Salutation	Mr Mrs Ms	Miss Other
Surname		
Given name(s)		
Contact number:	BUSINESS HOURS AFTER HOURS	
Has a grant of probate or letters of administration been obtained?	Yes – please attach a copy	No
Who is the administrator:		
Salutation	Mr Mrs Ms	Miss Other
Surname		
Given name(s)		
Contact number:	BUSINESS HOURS	MOBILE NUMBER
	AFTER HOURS	

B

Parent or Guardian details

Person completing this form

Are you the child of a pensione or the parent/guardian of the child of a pensioner?	r, 🗌 Child – Go to Section C	Parent/Guardian – Complete this part
Details		
What is your relationship to the child?	Parent	Guardian — Attach evidence that you are the guardian and complete this part. Evidence could include a will showing that the child has been put into your care, or evidence that you have enrolled the child in school.
Salutation	Mr Mrs Ms	Miss Other
Surname		

Given name(s)																							
Date of birth	D	D	,	м	м	_	Y	Y	Y	Y	,												
Date of birth			/			/																	
Contact number:	BUSI	NESS	нои	RS									мов	ILE N	имв	R	_						
contact humber.																							
	AFT	ER HO	URS																				
]																				
			J																				
Email address																							
	@																						
	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 of 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.																						
Home address																							
nome address																							
	SUB	JRB														STAT	E			POST	CODE		
If you do not want mail sent to y	ourł	nom	e, pl	ease	e pro	ovid	e an	alte	ernat	te m	nailin	ng a	ddre	ess k	belov	N.			_				
Postal address																							

SUBURB STATE POSTCODE	address															
SUBURB STATE POSTCODE																
		SUBL	IRB	 			 			STATE		POSTCODE				

C

About the child

Salutation	Mr	Mrs	Ms	Miss	Other	
Surname						
Given name(s)						
Date of birth	D D /	<u>мм</u> ү	Y Y Y			
Postal address						
	SUBURB			ST/	ATE POSTCODE	_
Contact number:	BUSINESS HOURS			MOBILE NUMBER		
	AFTER HOURS					

Section C continued on next page

Event in status of	WORK
Email address	
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	номе
	@
Tax File Number	

Living arrangements of the child

For children aged between 18 and 25 years old, please complete the following sections. If there is more than one child between 18 and 25 years old, please attach the same details as below for each additional child.

Were you/was the child living with the deceased on a full-time basis at the time of death?

	Yes - Please provide proof of residence	No – Please provide reasons why you were /the chil was not living with the deceased at the time of deat
/as the above named child v	wholly or substantially dependent on	the deceased at the time of death?
	Yes	No – Please provide details below

Education details of the child aged between 18 to 25 years

Name of child/student		
Reference number		
Date of birth	D D M M Y Y Y	
		Section E continued on next page

Are you/is the child engaged in full-time education?	 Yes - (School/College/University/TAFE) No - You/the child may not be an eligible student. For further information please call 1300 001 977.
Name of School/ College/University/TAFE	
Address of School/ College/University/TAFE	SUBURB STATE POSTCODE
Contact phone number of School/College/ University/TAFE	BUSINESS HOURS AFTER HOURS
Type of course (e.g. HSC, degree)	
Duration of course for this academic year	D D M M Y Y Y Y D D M M Y Y Y from /

The following is to be completed by the principal/registrar of the School/College/University/TAFE:

STAMP OF SCHOOL/COLLEGE/UNIVERSITY/TAFE



I certify that this student, whose address is recorded as

is undertaking full-time study



PRINCIPAL / REGISTRAR SIGNATURE

SUBURB

POSTCODE

STATE

Child payment details

Please note that benefits can only be paid to an account in your name and must be in Australia. This can be a joint account.

Name of institution												
Name of account holder (s)												
Must include your name												
Branch location												
Branch (BSB) number		- [
Account number												



Details of any other children

Are there other children who may be eligible for a benefit?

Yes No

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.

Salutation		Mr			N	1rs			Ms		ſ	Viss		Ot	her			
Surname of child																		
Given name(s) of child																		
Date of birth of child	D	D	/	M	M	/	Y	γ	Y	Y								
Relationship to the deceased (e.g. child, adopted child, or																		
a child within the meaning of the <i>Family Law Act 1975</i>)																		
Has a separate application been submitted?		Yes		N	0													

If there is more than one other child please attach the same details as above for each child.

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Identification requirements

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.

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**

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

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

Section H continued on next page

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).

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

- X
- 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** and **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.

If your documents are incompatible with DVS, don't forget to provide certified copies.

Declaration

Please sign and date the following declaration before returning your application to us. I declare that:

- the information I have provided on this form 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 on documents.
- I have read and understood the information in this form and in the relevant factsheet.



SIGNATURE

Date	e sig	ned								
D	D		М	М		Y	Υ	Y	Υ	
		/			/					

Checklist

I have read all the explanatory notes

- I have read the ADF Cover Death Benefits factsheet
- I have filled in all sections applicable to me
- I have checked my bank account details at Section F
- I have signed the declaration at Section I
- I have provided relevant identification evidence as per Section H



Lodgement

You have now completed this form.

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

ADF Cover GPO Box 2252 Canberra ACT 2601 AUSTRALIA

Faxed copies will not be accepted.





Web

Email members@adfcover.gov.au





Phone

Fax (02) 6275 7000

Post ADF Cover GPO Box 2252 Canberra ACT 2602