



# **Review of Student Pension**

### Important information about this form

Under the rules of the Commonwealth and Military superannuation schemes, a student pension is payable to an eligible child of a deceased member between the age of 18 and 25 years, if the child is receiving full-time education at a school, college or university. A pension is not payable if the student changes from full-time to part-time study.

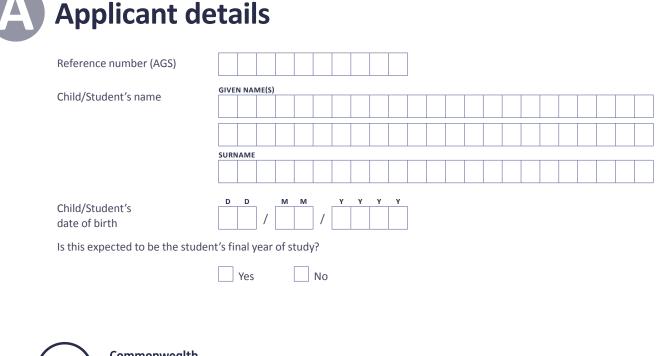
The student named below is either over 18, or will be turning 18, during the coming year.

#### How to use this form

Please use CAPITAL LETTERS and a black or blue pen. Mark boxes like this  $\Box$  with a  $\checkmark$  or  $\varkappa$  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 complete this form and return it to: CSS GPO Box 2252 Canberra ACT 2601 AUSTRALIA

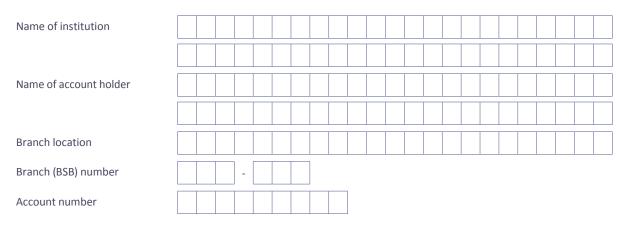


Commonwealth Superannuation Scheme

Section A continued on next 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. You may wish to consult a licensed financial advisor. You should obtain a copy of the CSS Product Disclosure Statement (PDS) and consider their content before making any decision regarding your super. Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSI: 238069 RSEL: 10001397 Trustee of the Commonwealth Superannuation Scheme (CSS) ABN: 19 415 776 361 RSE: R1004649

## **Bank account details**



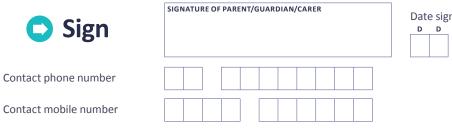


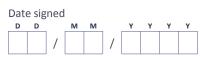
### **Education details**

Name of school/college/ university													
Address of school/college/ university													
	SUBURB						ST	ATE		POST	CODE		
Type of course (eg HSC, Degree)													
	Full time Part time												
Duration of course for this academic year	D D M	M /	Y Y	Y Y	to	D	D	M	м /	Y	Y	Y Y	
	SIGNATURE OF PRINCIPAL/REGISTRAR						Date signed						
Sign						D	D	М	м	Y	Y	Y Y	
	STAMP OF SCHOOL/COLLEGE/UNIVERSITY/TAFE												
Stamp													



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.





#### You have now completed this form.

Please return it to: CSS GPO Box 2252 Canberra ACT 2601 AUSTRALIA





Email members@css.gov.au





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