

Application for Benefits on retrenchment (including Ancillary Benefits)

Important information about this form

Before you use this form

Before completing this benefit application form, it is recommended that you read the MilitarySuper Product Disclosure Statement (PDS). This document provides further information about the main features of MilitarySuper and is available at csc.gov.au or call 1300 006 727.

Who should use this form?

Use this form if you are a member of MilitarySuper and you have been retrenched or made redundant from the Australian Defence Force (ADF).



Important: Do not use this form in the following circumstances:

- if you have separated from the ADF:
 - on the grounds of invalidity
- on the grounds of resignation under age 55
- on the grounds of retirement on or after age 55
- on the grounds of reaching Compulsory Retiring Age (CRA) before age 55
- if you are transferring to full time Reserve duty
- if you are a DFRDB member.

When to use this form

This form can be completed up to three months **before** separation and no later than three months **after** separation. However, it is common practice to complete the application as part of DISPAY procedures.

Completing this form

Complete:

- Part A: About yourself
- Part B: Exit details
- Part C: Member Benefit options
- Part D: Employer Benefit options
- Part E: Ancillary Benefit options
- Part F: Identification Requirements
- Part G: Tax File Number
- Part H: Document list (if applicable)
- Part I: Member declaration

Then lodge with MilitarySuper at the address in Part J.



About this form continued on next page

Options

There are two components to your Retrenchment Benefits: a Member Benefit and an Employer Benefit. You may also have a third component, an Ancillary Benefit.

Member Benefit

Your Member Benefit consists of the number of units you hold in MilitarySuper plus any earnings. Benefit payments result in the withdrawal of existing units at the unit price applicable on the later of:

- a) the day after exit; or
- b) the day on which a member's application is received by Commonwealth Superannuation Corporation (CSC).

If you transferred from DFRDB, your Member Benefit includes your DFRDB contributions plus notional earnings on those contributions.

The options for your Member Benefit are:

- The **pre 1 July 1999 component** can be taken as a cash lump sum, rolled over, or preserved in MilitarySuper.
- The post 30 June 1999 component may be cashed out once you have reached preservation age and it **must** be preserved in MilitarySuper or rolled over to another fund.

If you preserve any of your pre 1 July 1999 component with MilitarySuper, any future withdrawal must be in multiples of \$10,000. There must be a minimum of six months between withdrawals.

Employer Benefit

If you are less than age 55 and have been retrenched your options are limited to converting the total Employer Benefit to pension **or** preserving it all in MilitarySuper until at least age 55.

Your preserved employer benefit can be paid out earlier in some limited circumstances (e.g. severe financial hardship, total and permanent disablement).

Ancillary Benefit

You may also have an Ancillary Benefit. An Ancillary Benefit consists of any of the following that have been paid into your MilitarySuper account:

- 1. Additional Personal Contributions
- 2. Salary Sacrifice amounts
- 3. Transfer Amounts
- 4. Spouse Contributions (please note that spouse contributions are those paid by your partner into your MilitarySuper account)
- 5. Co-Contributions
- 6. Super Guarantee amounts
- 7. Low income contributions.

At this point in time you may roll over your entire Ancillary Benefit or one or more Ancillary Benefit types. Any Ancillary Benefit type not claimed remains preserved in MilitarySuper. The Ancillary Benefit may be cashed out once you have reached your superannuation preservation age and:

- if you are less than 60 and have met your preservation age (see section below)—you have permanently retired from the workforce; or
- if you are aged 60 or more—you have permanently retired from the workforce or your current employment has ended.



Important: Cashing restrictions

The Superannuation Industry (Supervision) Regulations 1994 determine how much of a lump sum can be accessed as cash. You can access your entire lump sum benefit as cash if:

- you have reached your preservation age and permanently retired from the workforce
- you have reached age 60 and no longer work for the employer who contributed on your behalf or
- you have reached age 65.

However, if you have not met one of the above conditions, your access to a cash lump sum will be restricted to the amount accumulated before 1 July 1999. The amount of lump sum you can access as cash is shown on your benefit estimate.

Preservation age table

| Date of birth | Preservation age |
|-----------------------------|------------------|
| Before 1 July 1960 | 55 |
| 1 July 1960 to 30 June 1961 | 56 |
| 1 July 1961 to 30 June 1962 | 57 |
| 1 July 1962 to 30 June 1963 | 58 |
| 1 July 1963 to 30 June 1964 | 59 |
| From 1 July 1964 | 60 |

Proportioning

As part of the changes to super, that came into effect on 1 July 2007, proportioning rules were introduced. This means that if you have not reached your preservation age and you claim your non-preserved (i.e. pre 1 July 1999) member benefit, the payment would include both tax-free and taxable components.

However, the legislation has now been changed for MilitarySuper members with retrospective effect to 1 July 2007. This means that if you are under your preservation age, and take your pre 1 July 1999 member benefit, you can choose whether to apply all your available tax-free amount against your lump sum (up to the amount of your pre 1 July 1999 benefit), or whether to apply the proportioning rules.

For further information on how your benefit is taxed it is recommended that you read the MilitarySuper booklet **Tax and your Military Super Benefit**.

Where can you rollover your Ancillary Benefit?

You can rollover your Ancillary Benefit to:

- · A regulated superannuation fund.
- A Retirement Savings Account (RSA).
- An approved deposit fund.

Rollover fund nominations

If you are choosing to rollover part of your benefit, it must be paid to a complying superannuation fund, rollover fund, Retirement Savings Account (RSA). We will not deduct tax from any amount rolled over to another fund however, the receiving fund will deduct 15% tax from any untaxed component of the rollover.

You can nominate two rollover funds or RSA's to receive all or part of your lump sum benefit. Complete one nomination if you are going to rollover your entire benefit to one fund. If you are going to split the amount, complete both nominations with details of the second fund.

We will send all rollover payments directly to your nominated fund(s).

When completing this section you must include the name, Unique Superannuation Identifier (USI) and Australian Business Number (ABN) for the nominated rollover fund or RSA. If you have a Member Client Identifier (MCI) or membership number for the rollover fund or RSA, please include this number. You can get these details from the rollover fund or RSA. If you don't include these details, it will result in payment delays of your benefit. Please ensure your nominated rollover account(s) is active and can receive deposits from other superannuation funds. Failure to do so will result in the payment being returned to our office.

Surcharge debt

If you have a superannuation contributions surcharge debt, it will be deducted from your benefit before payment. Interest will also be applied to the surcharge debt until the debt is fully paid.

In deducting the debt from your benefit, default provisions apply if you do not make an election. The default provisions are:

- If the Employer Benefit is converted to pension in part or full, any surcharge debt will be taken from the Employer Benefit after conversion to pension.
- If the Employer Benefit is taken as a total lump sum, the debt will be taken from that benefit.

- If you choose to make an election, the default provisions will not apply. You may elect for the surcharge debt to be deducted from:
 - The Employer Benefit before it is paid as a lump sum or converted to a pension.
 - The Member Benefit before it is paid as a lump sum.
 - Any Ancillary Benefit before it is paid as a rollover.

Payment

Lump sum and rollover payments are normally paid within 15 working days after your separation is confirmed or the date we receive your application, whichever is the later.

Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, CSC is required to deduct PAYG tax at the Top Marginal Rate plus the Medicare levy from benefits if a person does not provide a Tax File Number (TFN).

If you have not been issued a TFN you should lodge an **Australian Taxation Office Application/ Enquiry** form with the Taxation Office. Forms are available at all Taxation Offices. You must provide proof of identity at the time you lodge the form. We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit can be rolled over to another fund using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

Tax File Number Declaration form

If you claim a pension benefit please complete the **Tax File Number Declaration** form attached to this application. The information you provide on this form will determine how much tax will be deducted from your pension. Please note that you can only claim the tax-free threshold against one source of income.

Further information

If you wish, you can seek further information from MilitarySuper on **1300 006 727** on your options and completion of this form. You can also read:

- MilitarySuper PDS
- About to leave ADF? factsheet
- Superannuation contributions surcharge factsheet
- Tax and lump sums factsheet
- Tax and your MilitarySuper pension factsheet.

These publications are available at csc.gov.au

A financial Advisor may also be able to assist.

Contacts

We must provide you with any information you need to understand your benefit entitlements.

If you have any further questions about your benefit entitlements or investment options you can contact us in the following ways:

Mail
GPO Box 2252
Canberra ACT 2601

Visit
csc.gov.au

Phone Fmail

1300 006 727 members@enq.militarysuper.gov.au

for the cost of a local call

02 6275 7010

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

Post your complete original application and attachments to:

MilitarySuper GPO Box 2252 Canberra ACT 2601 Australia





Application for Benefits on retrenchment (including Ancillary Benefits)

Form start

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



About yourself

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| Surname | | | | | | | | | | | | | | | | | | | | | | | |
| Given name(s) | | | | | | | | | | | | | | | | | | | | | | | |
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| Former surname (if applicable) | | | | | | | | | | | | | | | | | | | | | | | |
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Section A continued on next page

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| 8. | Your marital status | | | gle: | | | | | | | | , | | | | | | | | | | | | |
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| 9. | Spouse's surname | | | | | | | | | | | | | | | | | | | | | | | |
| | Spouse's given name(s) | | | | | | | | | | | | | | | | | | | | | | | |
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| | Spouse's date of birth | D | D | 1 | М | М | | Υ | Υ | Υ | Υ | 1 | | | | | | | | | | | | |
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| 10. | Location of separation centre | |
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| | Phone number | |
| 11. | Date of exit | D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 12. | Were you in receipt of DFRDB or | r MilitarySuper pension prior to this period of service? |
| | | Yes: please complete Question 13 |
| | | No: please go to Question 14 |
| 13. | Prior to this period of service, w | rere you in receipt of? |
| | | MilitarySuper pension? please complete Questions 14 and 19 |
| | | DFRDB pension? please complete this question |
| | Type of financial institution | Savings bank Building Society Trading bank Credit union |
| | Name of institution | |
| | | |
| | Branch name | |
| | Branch (BSB) number | - |
| | Account number | |
| | Account held in name(s) of (must include your name) | |
| | (must include your name) | |
| | | |



14.

| | you claim your MilitarySu preserved Member Benefit | per Benefit you may choose one of the following options for your |
|-----|---|--|
| | | Option 1 Apply proportioning across the payment of your pre 1 July 1999 lump sum (in the same proportions as existed in your total Member Benefit). |
| | | OR Option 2 Apply all your available tax-free component against the payment of your pre 1 July 1999 lump sum. |
| (a) | Member Benefit Payment options | Preserve all in MilitarySuper Rollover all Rollover pre 1 July 1999 component and preserve the balance Take all pre 1 July 1999 component as cash and preserve the balance Take all pre 1 July 1999 component as cash and rollover the balance |

| Cash | | | | | | | | | | | | | | | | | | | | | |
|---|--------|--------|------|-------|------|------|------|-------|--------|-------|-------|------|--------|------|------|-------|---|---|------|------|---------|
| If you are taking any of your Me want it paid into. The account m | | | | | | h lu | mp : | sum | ı, gi\ | /e d | etail | s of | the | acco | ount | t you | ı | | | | |
| Type of financial institution | | Sav | ings | banl | k | | Ві | uildi | ng S | ocie | ety | | | Trac | ding | ban | k | С | redi | t Un | ion |
| Name of institution | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | <u></u> |
| Branch name | | | | | | | | | | | | | | | | | | | | | |
| Branch (BSB) number | | | | - | | | | | | | | | | | | | | | | | |
| Account number | | | | | | | | | | | | | | | | | | | | | |
| Account held in | | | | | | | | | | | | | | | | | | | | | |
| name(s) of (must include your name) | | | | | | | | | | | | | | | | | | | | | |
| Rollover | | | | | | | | | | | | | | | | | | | | | |
| You may rollover to a maximum | of tw | o ro | llov | er fu | nds | | | | | | | | | | | | | | | | |
| Payments will be made directly Benefits Statement will also be nominated address. | | | | | | | | | | | | | | | | r | | | | | |
| Write the amount for each insti | tutior | ı, ex | cept | writ | e 'B | ALA | NCI | e' fo | r th | e las | t (o | r on | ly) fu | und. | | | | | | | |
| Important: Please ensure your redeposits from other superannuate returned to our office. | | | | | | | | | | | | | | | | | | | | | |
| Name of rollover fund | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| Postal address of fund | | | | | | | | | | | | | | | | | | | | | |
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| Postal address of fund | SUBI | JRB | | | | | | | | | | | | | | STAT | | 1 | POST | СОД | |
| Postal address of fund | SUBI | URB | | | | | | | | | | | | | | STAT | E | | POST | CODI | |
| Australian Business No. (ABN) of rollover fund | SUBI | URB | | | | | | | | | | | | | | STAT | E | | POST | CODI | |

If you would like to roll over your benefit to more than one fund, please attach the same details as above for the second fund.

\$

Identifier (USI)

Amount

Membership No. (known as your Member Client Identifier) for fund



Employer Benefit options

| 17. | If you are under 55 and have been Choose your option for the Emplo | | | nent (or | ne onlv): | | | | | | | | | | |
|-----|---|------------------------------|---------------------|----------------------------------|--|-------------------|------------------|-------------------|--------|------|--------|-----|---------------|------|--|
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| | | | rt all to a | | | | | | | | | | | | |
| | Surcharge | | | | | | | | | | | | | | |
| 18. | If you have a Superannuation Cor Benefit after conversion to pension the debt will be taken from the be provisions. However, you can elect | n, or, if the fore tax er | e Employ mployer | yer Bene Iump su | efit is tak ım bene | en as fit. Th | a tota ese ar | l lump e the d | sum, | | | | | | |
| | How do you elect to have a Super | annuation | Contribu | utions S | urcharge | debt | deduc | cted? | | | | | | | |
| | | From t | he Mem | oyer Be Iber Ber Ilary Ber | pply nefit bef nefit befo nefit you y Benefi | ore it i are c | s paid aimin | as a lu | | | | | | | |
| 19. | Prior to this period of service, if yo taking your Employer Benefit as p The account must be in Australia. | u were in | receipt (| of a Mili | tarySup | er pei | nsion, | | | | | | | | |
| | Type of financial institution | Saving | s bank | | Building | Socie | ty | Ti | rading | bank | | Cre | dit Ur | nion | |
| | Name of institution | | | | | | | | | | | Щ | | | |
| | | | | | | | | | | | | | | | |
| | Branch name | | | | | | | | | | | | | | |
| | Branch (BSB) number | |] - | | | | | | | | | | | | |
| | Account number | | | | | | | | | | | | | | |
| | Account held in | | | | | | | | | | \top | | | | |
| | name(s)of (must include your name) | | | | | | | | | | Ŧ | | $\overline{}$ | | |
| | Note: A separate declaration must be comp | lated for again | h nancion a | laimad | | | | | | | | | | | |
| | Note. A separate declaration mast be comp | ieteu joi euci | i perision c | nummeu. | | | | | | | | | | | |
| B | Ancillary Ber | efit | ор | tio | ns | | | | | | | | | | |
| | | | | | | | | | | | | | | | |



| 20. | Please indicate whether you would like to preserve, cash out or roll over any or all of your Ancillary types, noting that you can only cash out if you have satisfied the Condition of Release . |
|-----|---|
| | The Condition of Release is that you have reached preservation age and: |
| | have permanently retired from the workforce |
| | your current employment has ended. |
| | Claim now: fill out the table below Do not claim: go to Part F |

Not applicable (you don't have an ancillary benefit): go to Part F

| | Ancillary benefit type | | | | | | | | | ha | ly av | atis | out ble it fied f Rel | the | | | | oll ov y tir | | | | | |
|-----|---|-------|-------|------|---|--|----|------|------|----|-------|------|---------------------------------------|-----|--|--|-------|-----------------|--|------|------|---------------|-----------------|
| | All types | | | | | | 10 | 0% (| only | 7 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | C | DR | | | | | |
| | i) Additional personal contri | ibuti | ons | | | | 10 | 0% (| only | 1 | | | | | | | | | | | | | |
| | ii) Salary sacrifice | | | | | | 10 | 0% (| only | 1 | | | | | | | | | | | | | |
| | iii) Transfer amounts | | | | | | 10 | 0% (| only | , | | | | | | | | | | | | | |
| | iv) Spouse contributions | | | | | | 10 | 0% (| only | 1 | | | | | | | | | | | | | |
| | v) Co-contributions | | | | | | 10 | 0% (| only | 7 | | | | | | | | | | | | | |
| | vi) Super guarantee | | | | | | 10 | 0% (| only | , | | | | | | | | | | | | | |
| | vii) Low income contributions | ; | | | | | 10 | 0% (| only | 7 | | | | | | | | | | | | | |
| 22. | Yes: go to Part F No: please complete Question 22 If you are rolling over any of your Ancillary Benefit, give details of the fund/s you want it paid into. You may roll over to a maximum of two rollover funds. Payments will be made directly to the nominated rollover fund(s). A copy of the Rollover Benefits Statement will also be included with your benefit payment letter and sent to your nominated address. Write the amount for each institution, except write 'BALANCE' for the last (or only) fund. Important: Please ensure your nominated rollover account(s) is active and able to receive deposits from other superannuation funds. Failure to do so will result in the payment being | | | | | | | | | | | | | | | | | | | | | | |
| * | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of rollover fund | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | Postal address of fund | POST | AL AE | DRES | S | | | | | | | | | | | | | | | | _ | | $\overline{}$ |
| | | | | | | | | | | | | | | | | | | | | | _ | _ | _ |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBL | JRB | | | | | | | | | | | | | | STATE | | | POST | CODE | | |
| | Australian Business No. (ABN) of rollover fund | | | | | | | | | | | | | | | | | | | | | | |
| | Unique Superannuation Identifier (USI) | | | | | | | | | | | | | | | | | | | | | | |
| | Membership No. (known as your Unique Superannuation Identifier) for Fund | | | | | | | | | | | | | | | | | | | | | | |
| | Ancillary Benefit type | 1) | | | | | | | | | | | | | | | | | | | | | |
| | | 2) | | | | | | | | | | | | | | | | | | | | | $\bar{\exists}$ |
| | | 3) | | | | | | | | | | | | | | | | | | | 一 | $\overline{}$ | 一 |
| | | - | | | | | | | | | | | | | | | | | | | | | ᅱ |
| | | 4) | | | | | | | | | | | | | | | | | | | | | |

If you would like to rollover your benefit to more than one fund, please attach the same details as above for the second fund.



Identification requirements

23.

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.

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

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

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 S





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 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.



24. Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider. It is not an offence not to quote your TFN. However, giving us your TFN will have the following advantages (which may not otherwise apply):

- we will be able to accept all types of contributions (subject to scheme rules);
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit will be paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

If you have already provided your TFN to us, you are under no obligation to provide it again in this application.

| Your Tax File Number | | - | | - | | |
|----------------------|--|---|--|---|--|--|
| | | | | | | |

Your TFN remains confidential.



Document list

- **25.** If applicable, when you lodge this form, please provide the following documents:
 - A copy of the Defence Force's acceptance of long service leave credit.
 - Certified copies of documents requested to prove your identity.

If you joined the Defence Force before 1 July 1983, your eligible service period (for PAYG taxation purposes in respect of any lump sum payments) may include periods of employment recognised for long service leave purposes.

If such a period is not already included in your total period of effective service, you should provide details of the periods if you wish to have them included in your eligible service period. If you claim an additional period, you must attach to this application a copy of the Defence Force's acceptance of the periods for long service leave purposes.



Member declaration

- **26.** I declare that:
 - The information I have provided is true and correct to the best of my knowledge.
 - I have been advised to read the MilitarySuper PDS and the DFRDB Book before completing this
 application form.

I understand:

- It may be a criminal offence to knowingly provide false or misleading information or documents.
- The options available form my benefit entitlement.

I also declare in relation to my TFN that:

- I have read and understood the information set out in Part G.
- The TFN I have provided is the same number advised to me by the ATO.

• The TFN will be provided to a rollover fund unless I advise CSC not to.

I understand that:

- Supplying my TFN is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal rate.
- If I have not provided all the required information, this application may be returned to me for completion and my eligibility determination and payment may be delayed.

| Sign |
|------|
|------|

| SIGNATURE | Dat | e sig | nec | d | | | | | | |
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| I do not want my contact details passed to commissioned for the purpose of participal | | • | | | n | | | | | |
| the service provided by MilitarySuper. | ung mi | esec | II CII | OII | | | | | | |



Lodgement

You have now completed this form.

27. Post your complete original application and attachments to:

MilitarySuper GPO Box 2252 Canberra ACT 2601 Australia

Privacy

Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available at csc.gov.au or call 1300 006 727, for the purpose of managing your super. This includes the management of superannuation investments, providing superannuation products and information, the administration of accounts, conducting market research and product development. The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.





Email members@enq.militarysuper.gov.au



Phone 1300 006 727



Fax 02 6275 7010

