

Application for Death Benefit

Important information about this form

Before you use this form

Before completing this benefit application form, it is recommended that you read the Product Disclosure Statement (PDS) and Death and Invalidity Benefits Booklet for the Commonwealth Superannuation Scheme (CSS) or the Public Sector Superannuation Scheme (PSS) whichever is applicable, available at csc.gov.au or by phoning CSS on 1300 000 277 or PSS on 1300 000 377.

If you're applying for a death benefit in relation to a CSS or PSS associate member, please complete the ACP90 **Application for Associate Death Benefit form**

For more information on the meaning of the terms used in this form, including eligible child and eligible spouse, please contact us or see the CSS or PSS Death benefits factsheets available on our website: csc.gov.au

Who should use this form?

You can use this form to claim a death benefit of a member of CSS or PSS who has died if you are:

- The legal personal representative (LPR) of the deceased member's estate. The LPR is the executor of the will or the administrator of the estate;
- For PSS only: a child of the deceased, who is not an eligible child; or
- An individual other than the LPR, eligible spouse or eligible child of the deceased.

Generally, a benefit is payable if:

- the deceased person was a member of a class of people listed below; and
- the conditions for payment to the estate are satisfied.

Please note: a final benefit is only payable if the amount of pension paid to the deceased does not exceed the minimum benefit payable (MBP) applicable to the member's situation. For more information, please refer to the death benefits factsheet for the relevant scheme.

Please see the following table for more details about when a benefit is payable.

Deceased person	Conditions for payment to estate	Person(s) payable
CSS		
1. Member		
2. Deferred member	No eligible spouse or eligible children	LPR or individual(s) as determined by CSC
3. Postponed member		
4. Pensioner	No eligible spouse or eligible children, and residual capital value remains	LPR or individual(s) as determined by CSC
PSS		
Member (including a Limited Benefits Member)	No eligible spouse or eligible children	Children of the deceased*, LPR or individual(s) as determined by CSC
2. Preserved member		
3. Pensioner	No eligible spouse or eligible children, and residual capital value remains	Children of the deceased*, LPR or individual(s) as determined by CSC

^{*}Children of the deceased who are otherwise ineligible for benefits



About this form continued on next page

Completing this form

Complete:

Part A - About the deceased

Part B - About the person making this benefit application

Part C - About the estate

Part D - Payment details

Part E - Identification requirements

Part F - Attachments

Part G - Applicant declaration

Further information

If you need more information, please see the below documents which are available on our website, or contact us using the details below.

- CSS Product Disclosure Statement (PDS)
- PSS Product Disclosure Statement (PDS)
- CSS Family Law Super Splitting Booklet
- PSS Family Law Super Splitting Booklet
- CSS Death Benefits factsheet
- PSS Death Benefits factsheet

Surcharge debt

If the deceased had a superannuation contributions surcharge debt at the time of their death, it will be deducted from the benefit at the time of payment.

Contact

We're here to help, so if you need any further information or have any questions, you can contact us in the following ways:

Visit Mail Email

7 London Circuit GPO Box 2252 members@css.gov.au Canberra ACT 2601 canberra ACT 2601 members@pss.gov.au

 Phone
 Fax
 Internet

 CSS
 (02) 6275 7010
 csc.gov.au

1300 000 277

PSS

1300 000 377

for the cost of a local call

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

Send your completed application and attachments to:

CSS/PSS GPO Box 2252 Canberra ACT 2601 AUSTRALIA

or email to:

forms and applications @csc.gov. au



Application for Death Benefit

Form start

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



About the deceased

1.	AGS/Reference number	
2.	Member of	CSS PSS
3.	Salutation	Mr Mrs Ms Other
	Surname	
	Given name(s)	
4.	Former surname (if applicable)	
5.	Date of birth	D D / M M / Y Y Y Y
6.	Date of death (please attach a certified copy of the death certificate or forward later	D D / M M / Y Y Y Y
	when available).	
7.		Yes, please provide details below No Not sure
7.	when available). Was the deceased legally married or in a relationship that was registered under a law of a State or Territory as a	Yes, please provide details below No Not sure
7.	when available). Was the deceased legally married or in a relationship that was registered under a law of a State or Territory as a prescribed kind of relationship?	Yes, please provide details below No Not sure
7.	when available). Was the deceased legally married or in a relationship that was registered under a law of a State or Territory as a prescribed kind of relationship? Spouse/partner's surname	Yes, please provide details below No Not sure
7.	when available). Was the deceased legally married or in a relationship that was registered under a law of a State or Territory as a prescribed kind of relationship? Spouse/partner's surname	Yes, please provide details below No Not sure
7.	when available). Was the deceased legally married or in a relationship that was registered under a law of a State or Territory as a prescribed kind of relationship? Spouse/partner's surname Given name(s)	Yes, please provide details below No Not sure



The information provided in this form 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 relevant **Product Disclosure Statement (PDS)** and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243, AFSL: 238069, RSEL: L000139

8.	Was the deceased in a relationship with a de facto partner with whom they ordinarily lived at the time of their death?	Yes, please provide details below No														No	t su	re					
	Spouse/partner's surname																						
	Given name(s)																						
	Address																						
		SUBU	JRB														STATE				POST	CODE	
	Email address																						
		@																					
	Contact number																						
9.	Did the deceased have any children, step-children, or other dependants under the age 25? If no, go to Section B		Yes						No	0						Not	sur	е					
	9a. Child 1 details Child's surname																						
	Child's given name(s)																						
	Guardian's surname (if child is under 18)																						
	Guardian's given name(s)																						
	Child/Guardian's address																						
		SUBU	JRB														STATE				POST	CODE	
	Email address																						
		@																					
	Contact number																						
	9b. Child 2 details																						
	Child's surname																						
	Child's given name(s)																						
	Use guardian details same as above		Yes											N	0		l						
	Guardian's surname (if child is under 18)																						
	Guardian's given name(s)																						
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Child/Guardian's address																							
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	@																						
Contact number																							
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About the e	Sta	JE	e																				
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Is it intended to take out Letters of Administration?		Yes	to Pa – ple en av	ease	pro						1	No –	go	to Pa	art D)				_ N	lot s	ure	
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14.

Name of institution												
Name of account holder												
Branch location												
Branch (BSB) number		-										
Account number												



Identification requirements

To confirm your identity, we need 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

You can authorise us to verify your identification electronically using 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.

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

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.

- 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.
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist

The following sample of certifying authorities can certify your documents in Australia:

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

Midwife

Psychologist.

For a full list of certifying authorities refer to Schedule 2 of the Statutory Declarations Regulations 2018 available at legislation.gov.au

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 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 3rd 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









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 authorised as a notary public in a foreign country, or by a person who is on a list of persons before whom a statutory declaration may be made and who has a connection to Australia. For example: a doctor who is registered in Australia and working overseas, or an Australian Consular Officer. Refer to ag.gov.au and dfat.gov.au for more information. 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.

*Please, don't send original documents.



16.

Attachments

If you have included attachments with this application, please tick the appropriate box/es to ensure they are properly recorded.
A death certificate
A Will
A probate document
Letters of administration
Identification documents (copies) as set out in Part E .
Other (please specify)



		FULL	NAM	E										
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declare that I:

- have been advised to read the relevant Product Disclosure Statement, Death and Invalidity Benefits Booklet, Family Law booklet and relevant scheme factsheets before completing this application form
- understand the options available for the benefit entitlement
- have only supplied information that is complete and correct
- if applying for a benefit as the Legal Personal Representative, am authorised to sign on behalf of the Estate or the Firm/Office I represent
- understand that if all the required information has not been provided, this application may be returned to me for completion and payment may be delayed.

	Date	e sig	ned							
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			/			/				



Lodgement

18. You have now completed this form.

Send your completed application and attachments to:

CSS/PSS
GPO Box 2252
Canberra ACT 2601
Australia
or email to:
formsandapplications@csc.gov.au

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Privacy

We're committed to protecting your privacy. We collect, hold and disclose your personal information so that we can provide superannuation services to you, improve our products, and keep you informed. We will only share your personal information where necessary and as permitted under our privacy policy. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our services providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at csc.gov.au/privacy/

How can I get more information?



Commonwealth Superannuation Scheme

EMAIL members@css.gov.au

PHONE 1300 000 277 **FAX** (02) 6275 7010

MAIL CSS

GPO Box 2252, Canberra ACT 2601

WEB csc.gov.au



Public Sector Superannuation Scheme

EMAIL members@pss.gov.au

PHONE 1300 000 377 **FAX** (02) 6275 7010

MAIL PSS

GPO Box 2252, Canberra ACT 2601

WEB csc.gov.au

End form