



# Pension confirmation form

## A Personal details

Pension number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
Surname	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																	
Given name(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																	
Date of birth	<div> <div> <div>D</div> <input type="text"/> </div> <div> <div>D</div> <input type="text"/> </div> </div> <div>/</div> <div> <div>M</div> <input type="text"/> </div> <div> <div>M</div> <input type="text"/> </div>																	

/

Y

Y

Y

Y

Is the member alive?	☐ Yes, go to next question.  ☐ No, **please provide a death certificate**   Date of death  D  D  /  M  M  /  Y  Y  Y  Y																	
Residential address	Street																	
	Suburb/town																	
	State			Postcode														
Phone	Business hours																	
	After hours																	
	Mobile number																	
Email																		
	☐ If you provide your email address, we will provide your pension advice letter and Payment Summary electronically via the **CSC Navigator** and notify you by email of when they are available.   Please tick this box if you would prefer paper copies of those documents to be sent to the postal address above.   You can change your communication preference at any time via the **CSC Navigator**.																	

## B Next of kin or other contact person

[illegible]

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Defence Force Retirement and Death Benefits Scheme ABN: 39 798 362 763 | Australian Defence Force Superannuation ABN: 90 302 247 344 RSE: R1077063 | Commonwealth Superannuation Scheme ABN: 19 415 776 361 RSE: R1004649 | Public Sector Superannuation accumulation plan ABN: 65 127 917 725 RSE: R1004601 | Military Superannuation and Benefits Scheme ABN: 50 925 523 120 RSE: R1000306 | Australian Defence Force Cover ABN: 64 250 674 722 | Public Sector Superannuation Scheme ABN: 74 172 177 893 1922 Scheme | DFRB Scheme | PNG Scheme | DFSPB | CSC retirement income

## C Bank account details

Please confirm your bank details

Name of account holder	<input type="text"/>
Branch (BSB) number	<input type="text"/>
Account number	<input type="text"/>

## D Declare and sign this form

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.

Your full name

<input type="text"/>
<input type="text"/>



Sign

Signature
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Date signed

D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This form must be signed in the presence of, and witnessed by, one of the following:

- a legal practitioner, including a lawyer (however described) exercising functions at a place outside the:
    - Commonwealth of Australia
    - external territories of the Commonwealth of Australia
  - a judge or magistrate of an Australian court
  - a chief executive officer of a Commonwealth court
  - a registrar or deputy registrar of an Australian court
  - an Australian Justice of the Peace (JP)
  - a Notary public including a notary public (however described) exercising functions at a place outside the:
    - Commonwealth of Australia
    - external territories of the Commonwealth of Australia
  - an Australian police officer
  - an agent or a permanent employee of the Australian Postal Corporation with two or more years of continuous service in an office supplying postal services to the public
  - an Australian consular officer or an Australian diplomatic officer
  - an Australian finance company officer with two or more years of continuous service with one or more finance companies
  - a person employed by, or an authorised representative, of the holder of an Australian financial services licence with two or more continuous years of service
  - a member of the Institute of Chartered Accountants of Australia (ICA), Certified Practising Accountants (CPA) or National Institute of Chartered Accountants (NIA) with two or more years of continuous membership
- For a full list of approved witnesses, refer to **Schedule 1** of the *Statutory Declarations Regulations 2023* available at [www.legislation.gov.au/F2023L01753/](http://www.legislation.gov.au/F2023L01753/).
- Except where otherwise noted, the witness must be currently licensed or registered to practise in Australia in one of the approved occupations, or hold one of the Australian positions.

Name of witness

<input type="text"/>
<input type="text"/>

Address of witness

Street		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Qualification of witness

<input type="text"/>
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Phone

<input type="text"/>
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- ☐ I am satisfied that the person whose signature I am witnessing is the person so named in this document. I have sighted the person in their physical presence, and have verified the identity of the person. I can confirm that the person is alive.



Sign

Signature
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Date signed

D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Lodgement

Email your completed form to [pensions@csc.gov.au](mailto:pensions@csc.gov.au) or or post to GPO Box 2252, Canberra ACT 2601



For more information visit [csc.gov.au](http://csc.gov.au)

