



Pension confirmation

A

Personal details

Pension number

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Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given name(s)

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Date of birth

D	D

 /

M	M

 /

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

Address

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SUBURB

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 STATE

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 POSTCODE

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Phone

BUSINESS HOURS

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 AFTER HOURS

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MOBILE NUMBER

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Email

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@

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☐ 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](#).

Any advice 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: L0001397

Commonwealth
Superannuation Scheme
ABN: 19 415 776 361
RSE: R1004649

Public Sector
Superannuation Scheme
ABN: 74 172 177 893
RSE: R1004595

Military Superannuation
and Benefits Scheme
ABN: 50 925 523 120
RSE: R1000306

Defence Force
Retirement and Death
Benefits Scheme
ABN: 39 798 362 763

1922 Scheme
DFRB Scheme
PNG Scheme
DFSPB
CSC retirement income

Australian Defence
Force Cover
ABN: 64 250 674 722



Next of kin or other contact person

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>			



Bank account details

Please confirm your bank details

Branch (BSB) number	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	
Account held in the name of	<input type="text"/>	
	<input type="text"/>	



Declaration

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.



Sign

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
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- This form must be signed in the presence of, and witnessed by, one of the following:
- a legal practitioner enrolled at a supreme court or the High Court of Australia
- a judge or magistrate of a court
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a Justice of the Peace (JP)
- a notary public
- a 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
- a 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 certifying authorities, refer to Schedule 2 of the Statutory Declarations Regulations 2018, available at legislation.gov.au

