

# Age retirement Benefit application

- 1. Explanatory notes
- 2. Form

# Important information about this form

#### What this form is for

This benefit application form and **Explanatory notes** are to be used by contributing members of PSS who are voluntarily retiring or who are dismissed having reached their minimum retiring age (generally age 55).

Do not complete this form if you:

- · are under minimum retiring age
- · are a preserved benefit member
- have accepted an offer of retrenchment or redundancy, or have been retired on the ground of inefficiency
- are ceasing membership on medical grounds
- are ceasing scheme membership due to the sale, transfer or outsourcing of your organisation.

If you fit into one of the above categories, please contact your personnel area to obtain the correct benefit application form, or if you are a Preserved Benefit member, please contact us.

This benefit application form must be completed within three months of your cessation date. If your application is not completed within this period, you must provide reasons with your application as to why the election was not made within three months.

#### How to use this form

Please use a black or blue pen.

Mark boxes like this ☐ with a ✓ or **x** then fill out the next question or section.

#### **Submitting your form**

When you have completed **Sections A to I**, you will need to submit your benefit application form directly to us. Instructions are provided at the end of the form.

# Financial advice for your needs and goals

Obtaining professional advice from an experienced financial planner can help you reach your financial goals.

CSC's authorised financial planners\* provide 'fee for service' advice, which means you receive a fixed quote upfront. There are no obligations, commissions or hidden fees.

To arrange an initial advice appointment please call **1300 277 777** during business hours.

\*Our authorised financial planners are authorised to provide advice by Guideway Financial Services (ABN 46 146 498 538, AFSL 420367). Guideway is a licensed financial services business providing CSC financial planners with support to provide members with specialist advice, education and strategies.



# 1. Explanatory notes start

## Please read this first

These Explanatory notes are intended to assist you complete this benefit application form, not to provide a detailed explanation of your benefit options. You should detach these notes so you can refer to them as you complete the benefit application form and retain them for your own records.

A benefit estimate outlines the benefit options available to you, as well as other important information regarding the processing of your benefit. If you haven't already obtained a benefit estimate, or your situation has changed since you obtained a benefit estimate, you should contact members@pss.gov.au or call 1300 000 377.

Before completing this benefit application, it is recommended that you read the **PSS Product Disclosure Statement (PDS)** and other relevant publications at **csc.gov.au.** It is also recommended that you seek personal advice from a qualified professional.

Your accurate completion of this benefit application form allows us to process the application as soon as possible after the date of your cessation. If you do not complete the benefit application form correctly, the processing of your benefit will be delayed or may be processed incorrectly. Please note there are penalties for making false declarations in respect of benefit claims.

#### Section A: Personal details

If you provide your email address, we will provide your pension advice letter and Payment Summary electronically via Pensioner Services Online and notify you by email of when they are available. Alternatively, you can elect to receive paper copies of those documents at the postal address you provide. A contact phone number is also required in case we need to contact you regarding the processing of your benefit.

Details of your relationship status including de facto relationships, should also be provided. By providing this information now, unnecessary delays may be avoided in the event that a reversionary benefit becomes payable. You may wish to include a copy of your marriage certificate or registered relationship certificate with your application, however this is not compulsory.

# **Section B: Identification requirements**

To guard against fraud, money laundering and terrorism financing, you need to provide us with information to verify your identity before your request can be processed. The identification documents you send us will be verified electronically using the Document Verification System, or you can provide certified copies of your documents with your application. If you supply certified documents, the person certifying them must attest that the documents are true copies, and that you are the valid holder of the identification. Copies of your documents will be scanned and stored on our secure document management system.

# **Section C: Employment details**

Your retirement status determines, in part, whether you can access your PSS benefit (see **Section F** of the **Explanatory notes** for information on cashing restrictions).

# Permanently retired from the workforce

If you are aged less than 60, you are regarded as being permanently retired from the workforce if you do not intend to work more than 10 hours per week and are no longer employed by the employer that contributed to PSS on your behalf.

If you are aged 60 or more, you are regarded as permanently retired from the workforce if you are no longer employed by the employer that contributed to PSS on your behalf.

#### Re-employment

If you have been offered or made arrangements for employment with a PSS participating employer, then you may not be entitled to a PSS Benefit. You should contact us for more information before completing this benefit application form if you are unsure of the eligibility status of your prospective employer.

# **Section D: Benefit options**

You can only select **one** benefit option otherwise your benefit application will be invalid and processing will be delayed.

This section shows **all** benefit options available to PSS members under this division of the scheme rules. However, depending on your situation, you may not be eligible for some of these options.

You can only select one option that has been reflected in your benefit estimate. If you have not obtained a benefit estimate, or your situation has changed since you obtained a benefit estimate, please contact us.



#### **Important: Early Release Deduction Amounts**

If you have an Early Release Deduction Amount (ERDA), this will only be recovered when you claim your final benefit. If you preserve some or all of your benefit, the recovery of this amount will be delayed until you claim your final benefit. More information about ERDAs can be found in your benefit estimate or at csc.gov.au

You are making a formal election under the provisions of the *Superannuation Act 1990*. This election is binding and cannot be cancelled or withdrawn, although CSC may, at its absolute discretion, agree to change an election in certain exceptional circumstances.

If you have any transfer amounts, these will be processed in accordance with your instructions in **Section E**.

## **Option 1: Preserve entire benefit**

This option is only available if you are aged less than 65 years.

By choosing this option, you are electing to preserve your entire Defined Benefit in PSS for payment at a later date. A Preserved Benefit must be claimed by age 65. If you later access any part of your Defined Benefit (for example, an early release on the grounds of financial hardship) you will not have the option to take a pension entitlement when you claim your final benefit.

# **Option 2: Full pension**

This option is only available if you have permanently retired from the workforce.

By choosing this option, you are claiming your final benefit by electing to convert your entire defined benefit to pension.

## Option 3: Part pension, part lump sum

This option is only available if you have permanently retired from the workforce.

By choosing this option, you are claiming your final benefit by electing to convert a portion of your Defined Benefit to pension, with the remaining amount paid as a lump sum. Your pension entitlement will be funded by your untaxed element in the first instance, unless you instruct otherwise.

#### **Option 4: Full lump sum**

This option is only available if you have reached your preservation age and have permanently retired from the workforce.

By choosing this option, you are claiming your final benefit by electing to have your entire benefit paid as a lump sum.

#### Option 5: Part lump sum, part preservation

This option is only available if your benefit includes an unrestricted component and you are aged less than 65 years.

By choosing this option, you are claiming a portion of your Defined Benefit now and preserving the balance for payment at a later date. Please note you will not have the option to take a pension when you claim your final benefit. Your final benefit will only be payable as a lump sum. Your lump sum will be paid from your taxed element in the first instance, unless you instruct otherwise. Information regarding the unrestricted component can be found under **Cashing Restrictions** in **Section F** of the **Explanatory notes.** 

#### Option 6: Transfer value to an eligible scheme

You may elect to have a transfer value paid to an 'eligible superannuation scheme' if:

- you are a member of the eligible superannuation scheme as a result of public or government employment;
- you have preserved your entire benefit in PSS; and
- the trustee or administrator of the eligible superannuation scheme agrees to accept the transfer.



Each of the following is an eligible superannuation scheme:

- AV Super
- DFRDB
- Northern Territory Government and Public Authorities Superannuation Scheme
- Parliamentary Contributory Superannuation Scheme
- QSuper
- Queensland Electricity Supply Industry Superannuation Scheme
- · LGIAsuper;
- Queensland Parliamentary Contributory Superannuation Scheme
- UniSuper Accumulation 2 Plan.

The transfer value will include all your Defined Benefit equity, as well as any transfer amounts. If you elect to have your benefit paid as a transfer value, you will no longer be a member of PSS and no further benefits will be payable.

# Option 7: Combine with a concurrent period of membership

This option is only available if you have another current period of contributory membership.

By choosing this option, you are combining your membership with another concurrent period of service. An election to combine your memberships is binding and may impact the calculation of your final benefit greatly. For this reason, it is strongly recommended that you contact us to request a comparative estimate of your potential benefit if you have yet to do so.

### Section E: Additional benefit instructions

The processing of your benefit may require an additional election if you have a surcharge debt, have elected to take a pension entitlement or have any transfer amounts. If you fit into any of these categories, please complete the relevant part/s of this section as described below.

## Surcharge debt repayment

If you have an outstanding superannuation contributions surcharge debt ('surcharge debt') and are claiming your final benefit, you must complete this section.

If you elect to have the debt deducted from your lump sum benefit, it will be deducted from any untaxed components in the first instance, unless you instruct otherwise.

If you elect to have the debt deducted from your pension entitlement, this will be applied for the lifetime of the pension.

This election is binding and cannot be revoked if your circumstances change. You can only make **one** election for the repayment of your surcharge debt. If you do not provide an election, the processing of your benefit may be delayed.

# Election for a reduced pension

If you are claiming some or all of your benefit as a pension, you must complete this section.

If you pass away when you are in receipt of a pension, an eligible spouse may be entitled to 67% of your pension entitlement as a reversionary benefit. However, you have the option to take a reduced pension now in exchange for a higher reversionary benefit, should one become payable. If you elect to take a reduced pension entitlement, your pension will be reduced to 93% of the original pension value. In return, the reversionary benefit paid to an eligible spouse would increase to 85%.

Reversionary benefits may also be payable to any eligible children. Similarly, by electing to take a reduced pension, reversionary benefits paid for an eligible child would also increase. More information on death benefits can be found at csc.gov.au

This election is binding and cannot be revoked if your circumstances change.

#### **Transfer Amounts**

Please complete this section if you have a **Post-95** or **Pre-96** Transfer Amount.

#### **Post-95 Transfer Amount**

Your Post-95 Transfer Amount may include government Co-Contributions, ATO Superannuation Guarantee (SG) or Low Income Superannuation Tax Offset (LISTO) paid on your behalf. It does not form part of your Defined Benefit and cannot be converted to pension.

**Paid** as a **lump sum**: You can elect to have your Post-95 Transfer Amount paid as a lump sum, subject to cashing restrictions (see **Section F**), even if you are preserving your entire Defined Benefit.

**Preserved in PSS:** If you are preserving some or all of your PSS Benefit, you can also preserve your Post-95 Transfer Amount in PSS.



#### **Pre-96 Transfer Amount**

A Pre-96 Transfer Amount can be converted to pension, taken as a lump sum or a combination of both. The calculation of this amount can be complex, so please make sure you refer to your benefit estimate when completing this section.

**Paid as a lump sum:** You can elect to have your Pre-96 Transfer Amount paid as a lump sum, subject to cashing restrictions (see **Section F**), even if you are preserving your entire Defined Benefit.

**Conversion to pension:** You can elect to have your Pre-96 Transfer Amount included in the calculation of your pension. The calculation of this amount will vary depending on whether you claim your pension immediately upon ceasing to be a contributor of PSS, or after preserving your benefit. Your benefit estimate will show the amounts payable for both scenarios.

**Preserved in PSS:** If you are preserving some or all of your PSS Benefit, you can also preserve your Pre-96 Transfer Amount in PSS.

You can also attach additional instructions with this benefit application form if you want your Pre-96 Transfer Amount split between your pension and lump sum benefit.

# **Section F: Payment instructions**

Please complete this section if you are claiming a pension and/or lump sum entitlement.

If you want to specify what components should be applied to your benefit, subject to proportioning rules, please attach separate instructions to this benefit application form.



#### **Important: Cashing restrictions**

The Superannuation Industry (Supervision) Regulations 1994 determines how much of a lump sum benefit can be accessed as cash.

You can access your entire lump sum benefit as cash if:

- you have reached your preservation age (see table below) and permanently retired from the workforce; or
- you have reached age 60 and no longer work for the employer who contributed to PSS 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. The amount that can be accessed as cash is known as your SIS Upper Limit. Any part of the lump sum exceeding your SIS Upper Limit must be paid to a regulated super fund. The amount of lump sum you can access as cash is shown in your PSS 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               |

#### **Lump sum payments**

Please nominate how much of your lump sum benefit (including transfer amounts) is to be paid as a cash lump sum and/or rollover in this section.

**Please note:** Once an amount has been paid as a cash lump sum, it cannot be returned to PSS to be reissued as a rollover. This is because the payment is no longer recognised as being in the superannuation system and is no longer governed by superannuation laws or regulations.

#### **Cash lump sum payments**

Cash lump sums must be paid to an Australian bank account in your name. If it's a joint account, one of the names listed must be yours.

**Please note:** payments cannot be made to a mortgage account.

#### **Rollovers**

You need to check that you can rollover your benefit to a complying super fund, rollover fund, RSA, or use it to purchase an annuity.

You can nominate up to two funds to receive all or part of your lump sum benefit. You will need to provide the details of the fund/s in this section, unless you nominate Public Sector Superannuation accumulation plan (PSSap) or Commonwealth Superannuation Corporation retirement income (CSCri) as these details have been prepopulated for you.

CSCri is an account-based income stream for those who wish to keep their lump sum benefit invested in super in retirement. CSC is the Trustee of PSSap ABN: 65 127 917 725 RSE:R1004601 and offers the CSCri.

For further information, please read the PSSap and/or CSCri PDS.

We will send all rollover payments electronically to your nominated fund(s). If your fund does not accept electronic payments, the payment will be issued in the form of a cheque and sent directly to the receiving fund. Please make sure you provide the correct postal address of your Fund(s).

# **Section G: Taxation details**

# Eligible Service Period (ESP) start date

Your ESP is used to calculate your tax components. It is usually the number of days from the day you commenced with PSS (the ESP start date) through to the date your payment is made. In some cases a start date earlier than the date you joined PSS may be used, such as:

- If you transferred from CSS to PSS, the date you joined CSS will be used as your ESP start date.
- The date listed as your ESP start date on any amounts transferred into PSS.
- The date you commenced employment with a CSS/PSS participating employer (if the date is earlier than the date you joined the Fund).

If you do not provide a date in this section, we will use the date recorded against your membership when we process your benefit.

# **Tax File Number (TFN)**

Under the Superannuation Industry (Supervision) Act 1993, CSC is authorised to collect, use and disclose your tax file number. We are required by tax law to deduct PAYG tax at the top marginal rate, plus the Medicare levy, from benefits if a person does not provide a TFN. We are required to validate your TFN with the Australian Taxation Office's (ATO) records to confirm the TFN provided is yours and is correct. Your TFN will be validated using the SuperTICK validation service. Declining to quote your tax file number is not an offence, however if you do not provide your TFN, the processing of your benefit payment may be delayed.

You must also advise of your approval to disclose your TFN to rollover funds.

We will provide your TFN to the receiving fund unless you instruct us not to. Please note that there are consequences for not supplying your TFN to the receiving fund.

#### **TFN Declaration form**

If you have chosen to receive all or part of your benefit as a pension and you wish to claim the tax-free threshold, you should complete a TFN Declaration form and attach it with your benefit application form. These forms are available from your personnel section, the ATO and some newsagencies. If you do not provide us with this form, the tax-free threshold will not be applied to your pension.

# Section H: Information acknowledgement

You must sign this section to acknowledge you have received and understood sufficient information to be able to make an informed choice of how you would like your benefit processed.

Information sources (including the availability of personal financial advice) are shown at the start of these **Explanatory notes** and it is strongly recommended that you make use of them before completing this benefit application form.

If you do not sign this acknowledgement, processing of your benefit cannot proceed.

### Section I: Member checklist

While it is not compulsory to complete this section, it is recommended that you complete the member checklist to be sure you have completed each section of the benefit application form.

#### What next?

#### SEND THE COMPLETED APPLICATION FORM DIRECTLY TO US.

When you have completed **Sections A** to **I**, you will need to submit your benefit application form directly to us. Your personnel area will complete the **Departmental Report** separately and send this to us.

Please note you can submit your benefit application form up to three months before you cease employment, however we cannot process your benefit application form until **after** your cessation date.

# Documents you may receive from us

After your benefit application form has been processed, you will receive correspondence from us outlining your chosen benefit option. In addition to this document, you may also receive:

- An Exit Statement if you have claimed your final benefit.
- A PAYG Payment Summary if you have claimed a cash lump sum benefit.
- A Rollover Benefits Statement if you have rolled over any of your benefit.

If you have preserved some of all of your benefit, you will continue to receive Annual Statements until you claim your final benefit.

If you have claimed a pension entitlement, you will receive a PAYG Payment Summary each year to complete your tax return, as well as biannual advice in January and July each year outlining any pension increases in line with the Consumer Price Index (CPI).

## **Unclaimed benefits**

If we do not receive a completed benefit application form from you within three months of your cessation date, your benefit may be preserved under the default provisions of the scheme. This may mean that you will lose the opportunity to elect for a payment option following your cessation.

If you have elected for a lump sum benefit and have provided invalid payment instructions, or your lump sum is returned to us by a financial institution, we may pay your lump sum to an Eligible Rollover Fund (ERF) nominated by CSC.

If you are in receipt of a pension or have a Preserved Benefit, it is important that you advise us of any changes to your contact details. If we are unable to contact you, you may be classed as a lost member and this may result in your pension being suspended, or your Preserved Benefit being paid to the ATO as unclaimed superannuation.

# **Privacy**

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. 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 service 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/Members/Privacy-policy/

End of explanatory notes





# Age retirement Benefit application

# 2. Form start

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



# **Person**al details

| Reference number (AGS)   |      |       |       |   |   |      |   |      |     |   |   |      |      |       |    |      |  |  |  |
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| Cessation date   |      |       | /     |   |   | ] /  |   |      |     |   |   |      |      |       |    |      |  |  |  |
| Title  |      | Mr    |       |   | \ | /lrs |   |      | Ms  |   |   | Viss | ;    |       | Ot | ther |  |  |  |
| Your name  | GIVE | N NAN | лE(S) |   |   |      |   |      |     |   |   |      |      |       |    |      |  |  |  |
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| Date of birth  |      |       | /     |   |   | /    |   |      |     |   |   |      |      |       |    |      |  |  |  |
| Previous memberships   | 1    |       |       |   |   |      |   |      |     |   |   |      |      |       |    |      |  |  |  |
| Have you had any other periods of  |      |       |       |   |   |      |   |      |     |   | ] |      |      |       |    |      |  |  |  |
| PSS membership? If so, please list the reference (AGS) number(s) for each of | 2    |       |       |   |   |      |   |      |     |   |   |      |      |       |    |      |  |  |  |
| those memberships.   | 3    |       |       |   |   |      |   |      |     |   |   |      |      |       |    |      |  |  |  |
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|  | 4    |       |       |   |   |      |   |      |     |   |   |      |      |       |    |      |  |  |  |
| Relationship details   |      |       |       |   |   |      |   |      |     |   |   |      |      |       |    |      |  |  |  |
| Relationship details   |      | Mai   | rried | ł |   |      |   | Sing | gle |   |   |      | De f | facto | 0  |      |  |  |  |
| Start date of de facto relationship (if applicable)                          | D    | D     | /     | М | M | /    | Y | Υ    | Y   | Y |   |      |      |       |    |      |  |  |  |



Section A continued on next page

|                                  | GIVEN NAME(S) |            |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
|----------------------------------|---------------|------------|----------------------|-----------------------|------|---------------------|-------------------|----------------------|----------------------|------------------------|--------------------|---------------------------|--------------------|--------------|-----------------------|----------------------|----------------------|-------------------------|-----------------------|--------------------------------------|---------------------|----------|--|
| Spouse's name                    |               |            |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
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| Spouse's date of birth           |               |            | /                    |                       |      | /                   |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
|                                  |               |            |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
| Contact details                  |               |            |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
|                                  | RESI          | DENTI      | AL AC                | DRES                  | S    |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
| Address                          |               |            |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
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|                                  | SUBL          | JRB        |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       | STATE                |                      |                         |                       | POST                                 | CODE                |          |  |
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|                                  | SUBL          | JRB        |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       | STATE                |                      |                         |                       | POST                                 | CODE                |          |  |
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| Phone number                     |               |            |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
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| Trouta you me to receive an onte |               |            |                      |                       |      |                     |                   | . , 0                | <b></b>              | η Р                    |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
|                                  |               | No         |                      |                       | Yes  |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
| Email address                    |               |            |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
|                                  | @             |            |                      |                       |      |                     |                   |                      |                      |                        |                    |                           |                    |              |                       |                      |                      |                         |                       |                                      |                     |          |  |
|                                  |               | Pay<br>ema | mer<br>ail o<br>se d | nt Su<br>f wh<br>ocui | en t | ary<br>hey<br>ts to | eled<br>are<br>be | ctror<br>avai<br>sen | nica<br>labl<br>t to | lly vi<br>e. Pl<br>the | a Pe<br>eas<br>pos | ensions<br>e tic<br>tal a | ner<br>k th<br>ddr | Ser<br>is bo | vice<br>ox if<br>abov | s Or<br>you<br>ve in | nline<br>wai<br>stea | e and<br>nt pa<br>nd. Y | d no<br>aper<br>'ou c | lett<br>tify<br>cop<br>an c<br>line. | you<br>ies c<br>han | by<br>of |  |



# **Identification requirements**

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.

**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

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

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

# 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:

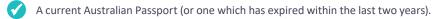
# **Primary photographic identification**

DVS compatibility is shown as or S









A current Australian Proof of Age card (issued under a State or Territory law).

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

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.

If your documents are incompatible with DVS, don't forget to provide



| Yes                     | OR                     | No. I will be employed by the following PSS participating employer.  |  |
|-------------------------|------------------------|--|--|
|                         |                        |  |  |
|                         |                        |  |  |
|                         |                        | OR   |  |
|                         |                        | No. I will be employed by a non-participating employer for more than<br>10 hours per week.                               |  |
|                         |                        | 20 110410 pc. 110011   |  |
|                         |                        |  |  |
| Dona                    | sfit on                | tions  |  |
| bene                    | efit op                | LIONS  |  |
| Please ensu             | re that only <b>on</b> | penefit option is completed.   |  |
|                         | ,                      | must be completed within three months of your retirement date. If your   |  |
|                         |                        | hree months after your retirement date, you must provide reasons with e election was not made within the period allowed. |  |
|                         | ·                      | ·  |  |
|                         | 1: Preserve ent        | e benefit  |  |
| Option                  | 2: Full pension        |  |  |
| Option                  | 3: Part pension        | part lump sum  |  |
|                         |                        | I elect to be paid the maximum lump sum permitted under PSS Rules.   |  |
|                         |                        | I elect to be paid a lesser amount of:   |  |
|                         |                        | \$   |  |
|                         |                        | OR   |  |
|                         |                        |  |  |
|                         |                        | % of my benefit.   |  |
| Option                  | 4: Full lump su        |  |  |
| Option                  | 5: Part lump su        | , part preservation  |  |
|                         |                        | I elect to be paid the maximum lump sum permitted under PSS Rules.   |  |
|                         |                        | l elect to be paid a lesser amount of:   |  |
|                         |                        | \$   |  |
|                         |                        | OR   |  |
|                         |                        |  |  |
|                         |                        | % of my benefit.   |  |
| Option                  | 6: Transfer valu       | to an eligible scheme  |  |
| Option                  | 7: Combine wit         | a concurrent period of membership  |  |
|                         |                        |  |  |
| Addi                    | tiona                  | benefit instructions   |  |
|                         |                        |  |  |
|                         | ete the sections       | hat are relevant to you.   |  |
| Only comple             | narge repa             | yment  |  |
| Only comple<br>A. Surch | 80 . ob.               |  |  |
| A. Surch                | •                      | rcharge debt, please select one of the following options:  |  |
| A. Surch                | an outstanding         | orcharge debt, please select one of the following options:   |  |

|   | <b>B. Election for a redu</b> If you have chosen a pension en |        |            |            |          |            | ct o  | no c  | of th  | o fo  | llow  | ina:  |        |                   |         |              |              | ning a |       |       |        |      |      |   |
|---|---|--------|------------|------------|----------|------------|-------|-------|--------|-------|-------|---|--------|-------------------|---------|--------------|--------------|--------|-------|-------|--------|------|------|---|
|   |   |        |            |            | ase s    | eie        | Ct O  | iie c | ,, (11 | e 10  | IIOvv | we can't process your application without an election.                                    |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | I elect to take a reduced pe                                  |        |            |            | . ( 0.2) | \ <u>'</u> |       |       |        |       |       | Selecting the reduced pension option will generally lead to a larger reversionary pension |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | I do not elect to take a redu                                 | ісеа р | ensi       | on c       | of 935   | %.         |       |       |        |       |       |   |        |                   | for yo  | ur sp        | ouse         | e/chil | dren  | in th | - /    |      |      |   |
|   | C. Transfer Amounts   |        |            |            |          |            |       |       |        |       |       |   |        |                   |         | ven          | t of y       | our d  | leath |       |        |      |      |   |
|   | If you have a Post-95 Transfer A                              | moun   | t, pl      | ease       | sele     | ct c       | ne    | of th | ne fo  | ollov | ving  | :   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | I elect to have my Post-95 T                                  | ransfe | er Ar      | nou        | nt pa    | id a       | is a  | lum   | p su   | m.    |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | I elect to keep my Post-95 T<br>only avaliable if benefit opt |        |            |            |          |            |       | d in  | PSS    | (ple  | ase   | note  | e: th  | is o <sub>l</sub> | otion   | is           |              |        |       |       |        |      |      |   |
|   | If you have a Pre-96 Transfer Ar                              | nount  | , ple      | ase        | seled    | ct o       | ne c  | of th | e fo   | llow  | ing:  |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | I elect to have my Pre-96 Tr                                  | ansfe  | r Am       | our        | ıt pai   | d as       | a l   | ump   | sur    | n.    |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | I elect to have my Pre-96 Tr                                  | ansfei | r Am       | our        | it inc   | lude       | ed ii | n the | e ca   | lcula | atior | n of  | my p   | ens               | ion b   | y:           |              |        |       |       |        |      |      |   |
|   |   |        | Clai       | min        | g imr    | ned        | liate | ely.  |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   |   | OR     |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   |   |        | Clai       | min        | g afte   | er p       | rese  | ervir | ng fo  | or or | ne d  | ay.   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | I elect to keep my Pre-96 Tr                                  | ansfe  | r Am       | our        | nt pre   | ser        | ved   | in P  | SS.    |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | I have attached additional i                                  | nstruc | tion       | ıs re      | gard     | ing i      | the   | pay   | mer    | nt of | my    | Pre-  | -96 T  | ran               | sfer /  | ١mc          | ount         | t.     |       |       |        |      |      |   |
|   | _   |        |            |            | _        |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
| U | Payment ins   | str    | U(         | ct         | io       | n          | S     |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | F1. Lump sum paym   | ent    |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | Complete this section to tell us                              | how y  | ou v       | vant       | you      | r luı      | mp :  | sum   | pai    | d.    |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | I elect for:  |        | 9          | \$         |          |            |       |       |        |       |       | 2   | ross   | :                 |         |              |              |        |       |       |        |      |      |   |
|   |   | OR     |            |            |          |            |       |       |        |       |       |   | ,. 000 |                   |         |              |              |        |       |       |        |      |      |   |
|   |   |        |            |            |          | 9          | 6     |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   |   | of n   | ny to      | tal l      | ump      | sur        | n to  | be    | paic   | as    | cash  | ı. Ple  | ease   | cor               | nplet   | e <b>F</b> 2 | 2.           |        |       |       |        |      |      |   |
|   | AND/OR I elect for:   |        |            | <u>.</u> [ | _        |            |       |       | _      |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   |   |        |            | \$         |          |            |       |       |        |       |       | {   | gross  | •                 |         |              |              |        |       |       |        |      |      |   |
|   |   | OR     |            |            |          | 9          | 6     |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   |   | of n   | _<br>nv to | ntal l     | umn      |            |       | he    | naic   | las   | rolla | over  | Ple    | ase               | com     | olet         | e <b>F</b> 3 | R.     |       |       |        |      |      |   |
|   |   |        |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | If you have specific instructions details separately.         | relati | ng to      | o the      | e bre    | aku        | p of  | fyou  | ır be  | enef  | it (s | ubje  | ct to  | pr                | opor    | tion         | ing)         | ) ple  | ase   | atta  | ich th | iese |      |   |
|   | , ,   |        |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | F.2 Details for your o  | ash    | lu         | mţ         | ) SU     | ım         | pa    | ayr   | ne     | nt    |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | Name of institution   |        |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   |   |        |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | Name of account holder  |        |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      | _ |
|   |   |        |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        | _    |      | _ |
|   |   |        |            |            |          |            |       |       |        |       |       |   |        |                   |         | _            |              |        |       |       |        | _    |      | _ |
|   | Branch location   |        |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      | _ |
|   | Branch (BSB) number   |        |            |            | -        |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   | Account number  |        |            |            |          |            |       |       |        |       |       |   |        |                   |         |              |              |        |       |       |        |      |      |   |
|   |   | Note   | : If th    | ie BSI     | B or ac  | cour       | nt nu | mbe   | r you  | have  | prov  | /ided   | is inc | orre              | ct, the | payı         | ment         | t may  | not l | oe ac | cepte  | d by | your |   |
|   |   | finan  | icial ii   | nstitu     | ition.   | f you      | u hav | e any | y dou  | bts v | vhat  | our (   | corre  | ct BS             | B or a  | cou          | nt nu        | ımbei  | r is, |       |        |      |      |   |

you should confirm these details with your financial institution before including them on this form. \\

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# F3. Details for your rollover payment or transfer value to an eligible scheme

If you are splitting your benefit between two funds, copy this page, complete the details and attach to this form.

If you wish to and are eligible to rollover to Public Sector Superannuation accumulation plan (PSSap) or Commonwealth Superannuation Corporation retirement income (CSCri) please complete option F3a below.

If you wish to roll over to any other rollover Fund or RSA, please complete option F3b.

Postal address of fund

SUBURB

| F3a. Rollover to PSSap o                              | r CSCri   |
|---|---|
| Would you like to rollover to PSSap or CSCri?         | PSSap CSCri   |
| Are you already a PSSap<br>Member?                    | Yes No  |
| If yes, PSSap member number                           |   |
| If No   | If you are joining PSSap as an Ancillary member please complete a <b>Join PSSap as an Ancillary member</b> : Online Form or PDF form available at <b>csc.gov.au</b> and send your completed form (if not the online form) to PSSap (see address below) when you provide your <b>PSS Age retirement benefit application</b> form to PSS.   |
|   | If you are joining CSCri please complete the form <b>Apply for CSC retirement income for PSS, CSS and PSSap members</b> available at <b>csc.gov.au</b> and send your completed form to CSCri (see address below) when you provide your <b>PSS Age retirement benefit application</b> form to PSS. If you are already a PSSap Ancillary member your rollover will be paid into your PSSap Ancillary account prior to starting the retirement income stream from CSCri. |
| Details for rollover to PSS                           | p or CSCri  |
| Name of fund  | Public Sector Superannuation accumulation plan  |
| ABN of fund   | 65 127 917 725  |
| USI of fund   | 65127917725001  |
| Postal address of fund                                | PSSap Locked Bag 20117 Melbourne VIC 3001   |
| Name of fund  | Commonwealth Superannuation Corporation retirement income (a part of Public Sector Superannuation accumulation plan)  |
| ABN of fund   | 65 127 917 725  |
| USI of fund   | 65127917725002  |
| Postal address of fund                                | CSCri Locked Bag 20115 Melbourne VIC 3001   |
| F3b. Rollover to other for                            | ind or retirement savings account (RSA)   |
| Name of fund or RSA                                   |   |
|   |   |
|   | AUSTRALIAN BUSINESS NUMBER  |
| ABN of fund or RSA                                    |   |
| Membership number (known as Member Client Identifier) |   |
| for fund or RSA                                       | LIST = TINIQUE STIDED ANNITATION IDENTIFIED   |
| USI of fund or RSA                                    | USI = UNIQUE SUPERANNUATION IDENTIFIER  |

POSTCODE

# F4. Details for your pension payment

Please provide the account details for the payment of your pension:

| Name of institution    |      |         |        |        |       |       |      |       |      |      |       |        |      |        |       |     |       |       |       |      |       |      |  |
|------------------------|------|---------|--------|--------|-------|-------|------|-------|------|------|-------|--------|------|--------|-------|-----|-------|-------|-------|------|-------|------|--|
|                        |      |         |        |        |       |       |      |       |      |      |       |        |      |        |       |     |       |       |       |      |       |      |  |
| Name of account holder |      |         |        |        |       |       |      |       |      |      |       |        |      |        |       |     |       |       |       |      |       |      |  |
|                        |      |         |        |        |       |       |      |       |      |      |       |        |      |        |       |     |       |       |       |      |       |      |  |
| Branch location        |      |         |        |        |       |       |      |       |      |      |       |        |      |        |       |     |       |       |       |      |       |      |  |
| Branch (BSB) number    |      |         |        | -      |       |       |      |       |      |      |       |        |      |        |       |     |       |       |       |      |       |      |  |
| Account number         |      |         |        |        |       |       |      |       |      |      |       |        |      |        |       |     |       |       |       |      |       |      |  |
|                        | Note | : If th | ne BSI | 3 or a | accou | nt nu | ımbe | r you | have | prov | vided | is inc | orre | ct, th | e pay | men | t may | / not | be ac | cept | ed by | your |  |

financial institution. If you have any doubts what your correct BSB or account number is, you should confirm these details with your financial institution before including them on this form.



# **Taxation details**

# **Eligible Service Period (ESP) start date**

| What is your ESP<br>start date for<br>taxation purposes?             |              | ,          | /       | T T      | Ť       |                 |
|--|--------------|------------|---------|----------|---------|-----------------|
| Tax File Number (TFN   | ۷)           |            |         |          |         |                 |
| If you have already provided your in this application.               | TFN to us, y | ou are und | er no o | bligatio | n to pı | rovide it agair |
| Tax File Number  |              |            |         |          |         |                 |
| Can we give your TFN to the rollover fund(s)/RSA(s) nominated above? | Yes No       |            |         |          |         |                 |

# **TFN Declaration (for pension recipients only)**

| I have attached a TFN Declaration form.          |  |
|--|--|
| I do not wish to provide a TFN Declaration form. |  |



# Information acknowledgement

#### Benefit processing cannot proceed unless this acknowledgement is completed.

I have received enough information to make an informed decision regarding the payment of my PSS Benefit. I have been advised to read the **PSS PDS** and seek personal financial advice.

I understand that, by selecting an option in **Section D** and/or **Section E**, I am making a formal election under the provisions of PSS legislation and this benefit election cannot be cancelled or withdrawn.

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.



| SIGNATURE | Da | te s | igne | d |   |   |   |   |   |   |
|-----------|----|------|------|---|---|---|---|---|---|---|
|           | D  | D    | )    | M | M |   | Υ | Υ | Υ | Υ |
|           |    |      | /    |   |   | / |   |   |   |   |



| I have: | Read the <b>Explanatory notes</b> at the beginning of this benefit application form.    |
|---------|---|
|         | Received a benefit estimate outlining my available options.                             |
|         | Obtained the information I require to make an informed decision.                        |
|         | Provided my personal details in <b>Section A</b> .                                      |
|         | Completed the identification requirements in <b>Section B</b> .                         |
|         | Completed the employment details in <b>Section C</b> .                                  |
|         | Selected a benefit option in <b>Section D</b> .   |
|         | Completed the additional benefit instructions in <b>Section E</b> .                     |
|         | Provided payment instructions in <b>Section F</b> .                                     |
|         | Forwarded the <b>Apply for CSC retirement income form</b> to CSCri (if applicable).     |
|         | Forwarded the <b>Join PSSap as an Ancillary member</b> form to PSSap (if applicable).   |
|         | Completed the taxation details in <b>Section G</b> .                                    |
|         | Attached a <b>TFN Declaration form</b> (pension recipients only—see <b>Section G</b> ). |
|         | Signed the information acknowledgement in <b>Section H</b> .                            |
|         | Attached a copy of my marriage or registered relationship certificate (if applicable).  |
|         | Attached additional instructions regarding the payment of my benefit (if applicable).   |

#### You have now completed this form.

Please return the form, along with any attachments, to:

PSS GPO Box 2252 Canberra ACT 2601 Australia

or e-mail to:

formsandapplications@csc.gov.au

Please submit your completed form directly to us. We'll contact your employer to obtain the information we need from them.

We'll do our best to action your application as quickly as possible after your cease date, however delays in processing may occur if:

- your application is not completed fully or is invalid
  - you don't provide sufficient identification
- we need to wait for information from your employer or
   evour benefit requires manual calculation.

We'll let you know if any of these apply to your benefit application.

End form



Email





**Phone** 1300 000 377





Financial Advice





PSS GPO Box 2252