

Death Benefit application

Important information about this form

What is a death benefit?

A death benefit is an amount payable following the death of an ADF Super member. The benefit is the member's account balance, and any insurance cover payable (exclusions or limited cover may apply) at the time of their death.

How to make a claim?

All adult claimants will need to complete a copy of this form and provide a copy of **Statement A** or **Statement B**, plus supporting evidence. If the member had a valid binding nomination, the claimant will be the person/s named in the binding nomination. If there was no valid binding nomination, a claimant is any person who is eligible to make a claim on the death benefit.

How do I claim an insurance benefit?

ADF Super will make an insurance claim on behalf of the late member following receipt of a death certificate. We will co-ordinate the claim and, if approved, pay the benefit to the late member's ADF Super account.

What is the role of the trustee?

Under superannuation legislation, assets of a deceased person held in a superannuation fund are treated differently to other assets. Superannuation benefits do not automatically form part of the deceased's estate. So, if the deceased left a Will, a superannuation benefit is not automatically distributed in accordance with that Will.

The trustee of the superannuation fund, after considering all relevant information, distributes the superannuation death benefit in accordance with the ADF Super Trust Deed and relevant legislation.

If the member	ADF Super will
does not have a valid binding nomination on file.	identify any dependants and legal personal representatives and determine how to distribute the members benefit as set out in the ADF Super Trust Deed and superannuation legislation.
made a binding nomination.	verify the binding nomination is current and valid, and pay the members benefit according to their instructions.

Who can a death benefit be paid to?

This depends on whether or not the member had a valid binding nomination at the time of their death.

ADF Super Trust Deed and superannuation law allow us to pay a death benefit to:

- a spouse married, de facto or same sex partner
- children including step-children, adopted children, ex-nuptial children or anyone who fits the definition of a child under the Family Law Act 1975
- someone who was in an interdependent relationship at the time the member died (see definition below)
- a member's legal personal representative (ie the executor of the will or the administrator of the estate).

If there are no dependants and no legal personal representative of the deceased, the trustee may pay the benefit to one or more non-dependants.

A payment can be made via cheque to the estate, or to a bank account, in the name of the estate.



About this form continued on next page

What is an interdependent relationship?

According to the Australian Government, two people (whether related to each other or not) have an interdependent relationship if:

- they have a close personal relationship,
- they live together,
- one or each of them provides the other with financial support, and
- one or each of them provides the other with domestic support and personal care.

The Superannuation Industry (Supervision) Regulations 1994 ('SIS Regulations') describe the factors that should be taken into account to establish whether two people have a close personal relationship. These factors include:

- the duration of the relationship,
- whether or not a sexual relationship exists,
- the ownership, use and acquisition of property,
- the degree of mutual commitment to a shared life,
- the care and support of children,
- the reputation/public aspects of the relationship,
- the degree of emotional support,
- the extent to which the relationship is one of mere convenience, and
- any evidence suggesting that the parties intend the relationship to be permanent.

What is financial dependency?

This may exist where you relied on the member for some or all of your financial needs. An example of this could occur if you had an ongoing financial reliance on the member and without this assistance your standard of living could not be maintained.

If you wish to be considered on financial dependency grounds, you will need to provide documentation to support your claim.

What if there are no dependants?

Where a deceased ADF Super member is not survived by any dependants and there is no legal personal representative of the deceased, the death benefit can be paid to a non-dependant beneficiary; for example, one or both parents of the deceased. In such a case, both parents of the deceased should submit separate statements, even if only one parent is claiming the benefit. The person not claiming the benefit should complete the appropriate **Statement B** and state that he or she would like the benefit to be paid to the other parent.

What evidence needs to be provided?

In order for us to progress a death benefit we will need to have the following information:

- a certified copy of the death certificate
- certified proof of late member's age (driver licence, passport, birth certificate)
- a **Statement A** or **Statement B** from all adult claimants advising on whether they intend to make a claim on the death benefit and providing supporting information.

If applicable, we will also need:

- a certified copy of the late member's Will
- a certified copy of Grant of Probate/Letter of Administration
- a certified copy of the coroner's report
- certified copies of birth certificates or adoption certificates for each of the late members children
- a certified copy of a marriage certificate
- certified proof of identification for each claimant.

If applying for the benefit due to being in an interdependent relationship, the following are examples of evidence that may assist your claim:

- evidence of sharing a joint address
- utility bills in joint names
- mortgage and bank accounts in joint names
- receipts for shared expenses
- statutory declarations from third parties describing the interdependency relationship.

If you need to establish financial dependency, the following are examples of evidence that may assist your claim:

- · bank statements showing payments made
- · evidence of child support payments
- · receipts for shared expenses.

The evidence required will depend on the number of dependants being considered and whether or not the relationships or evidence is contested by other parties. We will let you know if we need further evidence.

How will the benefit be taxed?

Death benefits are tax-free if paid to a dependant as defined under taxation law. For tax purposes, a dependant is:

- a spouse (married, de facto or same sex partner)
- a child under 18 years of age (including step-children, adopted children, ex-nuptial children or anyone who fits the definition of a child under the Family Law Act 1975)
- anyone who was financially dependent on the member at the time the member died.

A death benefit is also tax-free where paid to someone who is not a dependant but received the benefit because of the death of a member of the Australian Defence Force or an Australian police force (including Australian Protective Services) who died in the line of duty.

If paid to someone other than a dependant, the taxable portion of the benefit is taxed at 15% (plus Medicare Levy). The tax-free component is paid tax-free.

Where can I get further assistance?

If you are considering your options, or would like assistance completing your application, please do not hesitate to contact us on **1300 203 439**, or by email at **members@adfsuper.gov.au**

How to use this form

Please use CAPITAL LETTERS and a black or blue pen. Mark boxes like this \square with a \checkmark or x then fill out the next question or section.

Submitting your form

Please send this form with your certified proof of identity documents (if applicable) to:

ADF Super Locked Bag 20116 Melbourne VIC 3001

or

email to:

forms and applications @adf super.gov. au

What can I expect?

Step 1

ADF Super receives notification of a member's death.

Step 2

An ADF Super case manager will contact you and provide the **Death Benefit application** form. All potential beneficiaries will complete this form.

Step 3

nomination on file.

Completed **Death Benefit application** form and certified Death Certificate received by ADF Super. ADF Super will begin assessment of the **Death Benefit application**; the assessment will depend on whether or not there was a binding

If the late member held lifePLUS Protect at date of death, a case manager will lodge an insurance claim and, if approved, the balance will be paid to the late member's ADF Super account.



Is there a binding nomination?

No

Step 4

ADF Super will need to ascertain dependants of the late member at date of death and may request further information. The case manager will advise on these requirements through the application.

Step 5

The Trustee will make a decision on the payment of the death benefit. All potential beneficiaries will be notified of the decision.

Step 6

Potential beneficiaries will be given 28 days to object to the decision.

Step 7

If no objection is received or if all parties agree with the decision, then payment will be made in accordance with the Trustee's decision.

Step 4

ADF Super will confirm that the binding nomination is valid and current at date of death and make a payment to the beneficiary/ies.

Objection received

Objection

If an objection is received the case will be referred to the Delegate for reconsideration. All parties will be invited to submit further evidence and we may request further evidence. The Delegate will either affirm the decision or make a new decision and all parties will be notified of the outcome.

Any complaints about the decision of the Trustee, can be directed to the Australian Financial Complaints Authority (AFCA) within 28 days. No payments will be made until the AFCA process is finalised.





Death Benefit application Form start

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



Details of the late member

DF Super membership no.					<u></u>										_			1		I	_
itle		Mr			Λ	/Irs			Ms	5		1	Viss		Ot	ther					
urname																					I
iven name(s)																					T
																					Ť
	D	D		М	M		Υ	Υ	Υ	Υ											_
ate of birth			/			/															
	D	D	1	М	М	1	Υ	Υ	Υ	Υ	1										
ate of death			/			/															
esidential address	RESI	DENTI	AL AI	DDRE	SS																_
t date of death																					
																					T
	SUB	JRB												1	STATI	E	,	POST	CODE		_
ax File Number																					
occupation																					T
t date of death																					_
mployer																					
t date of death																					
About yours	ام	f																			
about yours		•																			
																	1	1			_
elationship o the late member																					
ז נווכ ומנכ וווכוווטכו																					



Australian Defence Force Superannuation

Title	M	lr			⁄lrs			Ms	5			Miss			0	ther					
Surname																					
Given name(s)																					
																					Π
	D C	<u> </u>	М	М	1	Υ	Υ	Υ	Υ	1											
Date of birth		/			/																
Residential address	RESIDEN	ITIAL A	DDRE	SS																	
	SUBURB	<u> </u>													STAT	E			POST	CODI	
Postal address	POSTAL	ADDRE	ss																		
	SUBURB	•													STAT	E			POS	CODI	
Phone	BUSINES	ss HOU	RS								1	AFTE	R HO	JRS							
Thore																					
	MOBILE	NUMB	ER																		
Email				<u> </u>]										
Lindii																					
	@																				
A payment can be made to a ba You do not need to complete th	nk accoi	unt in	the	nan	ne o	f the	e est			r th	e de	ath	ben	efit							
Name of account holder																					
Branch (BSB) number			-																		
Account number																					
Tax File Number																					
ADF Super is authorised to colle Industry (Supervision) Act 1993.	ct and v	alida	te yo	our T	ax F	ile N	Num	ber	(TFN	N) uı	nder	the	Sup	era	nnu	atio	n				
Checklist																					
In order to progress the death Depending on the complexity of contact you if further informat	of the cla	aim, f	urth																		
For the initial notification Before the claim can be progres the person who notifies ADF Su information below is outstanding	sed, AD per of th	ne cla	im s	houl	ld pr	ovio	de th											ally			
A certified copy of the deat							•														
certified proof of the late n	nember'	's age	(dri			ice,	pass	por	t, bii	rth (certi	ficat	te).								
A certified copy of the dece						ictor	h : c	٠ /:£	20:-1	lice!	ala\										
A certified copy of Grant of									nn		1101										

For each adult claimant

	ne member had a binding nomination the claimant will be the person/s named in the ding nomination.
lf th	nere was no binding nomination, a claimant is any person who is eligible to make a m on the death benefit.
	A completed Death Benefit application form from each adult claimant.
	A completed Statement A from each adult claimant.
	A Statement B from any dependant of the deceased who does not wish to make a claim.
	Identification for each adult claimant who wants to be considered in the distribution of death benefits.
	Evidence of relationship for each claimant – details of evidence can be



Identification requirements

found in the information leaflet that accompanies this form.

To confirm your identity, we require some information from you—this is to protect your benefit against fraud, money laundering and terrorism financing, under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Verifying your documents

Identifying documents may be verified through the Document Verification Service (DVS). DVS is a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.

If you don't provide authorisation to have documents verified electronically or your documents are incompatible with DVS, you will need to provide certified copies of required documents. Please also refer to the section Certifying your documents.

An electronic copy of your identification documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purpose of confirming your identity. You need to send in identification with every application.

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

Certifying your documents

If you're providing certified documents, the certifying authority must confirm in writing you are the valid holder of the identification you are presenting, and any copies are true copies of the original.



IMPORTANT: The certification must include the name, signature, qualification and registration number of the certifying authority (if applicable), and the date of the certification.

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

- Employee of a Commonwealth authority engaged on a permanent basis with five or more years of continuous service who is not specified elsewhere in this document
- Financial Adviser or Financial Planner
- Justice of the Peace (JP)
- Legal Practitioner
- Medical Practitioner
- Member of the Australian Defence Force who is:
 - an Officer; or
 - a Non-Commissioned Officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service; or
 - a Warrant Officer within the meaning of that Act.
- Midwife
- Notary Public
- Nurse
- · Occupational therapist
- Physiotherapist
- · Psychologist.

For a full list of certifying authorities refer to Schedule 2 of the Statutory Declarations Regulations 2018 available at www.legislation.gov.au/Details/F2018L01296

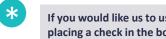
Please note: We require a copy of both sides of your identification document.



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.



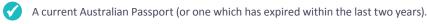
You must provide a copy* of one of the following:

Primary photographic identification

DVS compatibility is shown as or







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

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

Secondary identification requirements

Only provide these documents if you're unable to provide one of the Primary photographic identification documents.

List A

Your Australian Birth Certificate or extract issued by a State or Territory. Please note: Birth Certificate extracts and Birth Certificates issued before 1970 may not be verified by DVS.

Your Citizenship Certificate issued by the Commonwealth.

Your current Pensioner Concession Card issued by the Department of Human Services.

List B

Your notice issued by the Australian Taxation Office (ATO) within the last 12 months that shows your name, current residential address, and records an amount payable either to or from the ATO.

Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. For example: rates notice, electricity or water bill.

Your notice issued by the Commonwealth or a State or Territory government within the last 12 months showing your name and current residential address, and the provision of a financial benefit. For example: a Centrelink letter.

Certifying your documents overseas

If you live overseas and need to have documents certified, it needs to be done by a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents. For more information refer to ag.gov.au and dfat.gov.au. Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator.

Persons residing overseas and foreign residents may need to contact us.

*Don't send original documents.



Declare and consent

I declare that:

- the information in this claim form is true, correct and complete
- I have read the ADF Super Product Disclosure Statement (PDS), and this application is made subject to the terms and conditions of that information
- I am aware and agree that CSC and its administrators will have records of my personal information and consent to the use of my information in accordance with the Privacy Policy available at csc.gov.au



	Date	e of	dec	larat	tion					
	D	D		M	M		Υ	Υ	Υ	Υ
			/			/				



Lodgement

You have now completed this form.

Please send this form with your certified proof of identity documents (if applicable) to:

ADF Super Locked Bag 20116 Melbourne VIC 3001

or

email to:

formsandapplications@adfsuper.gov.au

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 www.csc.gov.au/Members/Privacy-policy/



Statement A form start

Request for consideration in the distribution of a death benefit

This form will need to be completed for each adult who wishes to be considered in the distribution of death benefits.

Surname of late member																			
Given name(s) of late member																			
ADF Super membership no.																			
I, (Surname)																			
(Given name(s))																			
of, (Address)	RESID	DENTI	AL AD	DRES	S														
	SUBU	RB												STATE		POST	CODE		
make the following declaration u	nder	the	Sta	tuto	ry D	ecla	rati	ons .	Act	1959	9:								
1. My relationship to the late member is :																			
To my knowledge, the late member had a Will		Yes				No													
3. If yes, the name and address	SURN	AME																	
of executor is:	CIVIE	N NAI	4E(c)																
	GIVE	N INAI	VIE(S)																
4. There is an intention to apply for Grant of Probate/ Letters of Administration:		Yes				No													
5. The late member's Legal	SURN	AME																	
Personal Representative is:	CIVE	N NAI	AE(C)																
	GIVE	V INMI	*11(3)																
																		_	

	SURNAN	A E																	
6. The following are details of the spouse/de-facto of the	JORNAN	/IE																	
late member:	GIVEN N	IAME(S)																
Address	RESIDEN	ITIAL A	DDRE	SS															
Address																			
	SUBURE	 i											STATE	 :		POST	CODE		
7. The following are details of the late member. If there are more each additional child. Children of the late in	e than t	wo c												r					
Child 1		JCI																	
Name	SURNAM	ΛE																	
	GIVEN N	IAME(S)																
																		Ш	
Date of birth	D [/	М	М	,	Υ	Υ	Υ	Υ]									
	RESIDEN		DDRE	SS	/														
Address																			
	SUBURE	i											STATE	:		POST	CODE		
															_				
Student/Working	St		t		Wo	orkin	ıg												
Name of guardian if under 18	SURNAM	ЛE																	
	GIVEN N	IAME(S)																
Child 2	SURNAN	A.F.																	
Name	SURNAI	/16																	
	GIVEN N	IAME(S)																
	D [)	М	М		Υ	Υ	Υ	Υ										
Date of birth		/			/	Ċ	•	Ċ	•										
Address	RESIDEN		DDRE	SS]					J									
Audi C33																			
	SUBURE												STATI		_	POST	CODE		

Student/Working		Stu	dent			Wo	rkir	ıg											
Name of guardian if under 18	SURN	IAME						1	1	1		1				1			
Traine of guardian in under 10																			
	GIVE	N NAI	ME(S)																
8. The following are details of oth dependants, please provide th	e sai	ne c	detai	ils a	s be	low	for						an t	wo					
Other dependants of	th	e la	ate	m	en	nb	er												
Dependant 1																			
Name	SURN	IAME																	
	GIVE	N NAI	VIE(S)																
			(-,																
Date of birth	D	D	,	M	M	,	Υ	Υ	Υ	Υ									
bute of sil til	DECI	ENTI	AL AD	DDE		/													
Address	KLSIL	LIVII	AL AL	, DILL															
	CURL	I.D.D.												CTATI			POST	CODE	
	SUBL	KD												STATI			PU31	СОБЕ	
Relationship to the late member																			
Extent/Reason for dependency																			
Dependant 2																			
Name	SURN	IAME																	
	GIVE	N NAI	VIF(S)																
Date of birth	D	D	,	M	M	,	Υ	Υ	Υ	Υ									
Date of bil til	DECI	L	AL AD	DDF		/													
Address	KESIL	JENTI	AL AL	DKE															
	SUBL	RB												STATI	E		POST	CODE	
Relationship																			
to the late member Extent/Reason for dependency																			
	1	l .																	

9. I was financially dependent on the late member:
To establish 'financial dependency' you will have to provide evidence that the late member contributed in any way towards your subsistence either financially or by the provision of food, accommodation, clothing, education, etc. It is not necessary to prove that the late member was a major provider or indeed a significant provider but merely that they in some way provided for and added to the ability of the person(s) claiming dependency to sustain themselves.
If yes, details of my financial dependency are as follows
10. I was living in an interdependency relationship with the late member:
Yes No
Someone can be in an interdependent relationship if they have a close personal relationship, they live together, one or each of them provides the other with financial support, and/or one or each of them provides the other with domestic support and personal care. Dependency can also arise where two people have a close personal relationship, but don't live together, or provide each other with financial support or personal care because of physical, intellectual or psychiatric disability. A person wishing to be considered on the grounds of an interdependent relationship will be asked to provide information to substantiate the existence of the relationship.
If yes, details of my interdependency are as follows
11. Further details the trustee should be aware of (eg family circumstances) are as follows:

12. I have read and understood the ADF Super Privacy Policy and Privacy Notice and I consent to the collection, use and disclosure of my personal information and sensitive information in the manner described in the Policy and Notice.

13. The information provided in this statement is true and complete to the best of my knowledge.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Sign	SIGI	GNATURE OF PERSON MAKING THE DECLARATION																			
	ADDI	DECC											J								
Declared at	ADDI	NE33																			
	SUBL	JRB														STATI	E		POST	CODE	
	DAY										DATE			MON	тн						
on																					
	YEAR	R								,											
	SURN	NAME																			
Before me**,																					
	GIVE	N NAI	VIE(S)																		
						1															
Qualification																					
Address	RESI	DENTI	AL AD	DRE	SS																
71001 033																					
	SUBL	JRB														STATI	E		POST	CODE	
Sign	SIGI	NATUI	RE OF	PERS	ON B	EFOR	E WH	ом т	THE D	ECLAI	RATIO	N IS I	MADE								

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see Section 11 of the *Statutory Declarations Act 1959*.

Note 2: Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* – see Section 5A of the *Statutory Declarations Act 1959*.

^{**}Persons before whom a statutory declaration may be made include: Commissioner for Declarations, a person in charge of an Official Post Office, a Magistrate, a Justice of the Peace, a Barrister or Solicitor, a member of the Police Force, a State School Teacher, a legally qualified Medical or Dental practitioner, a Pharmacist, a Notary Public, a Commissioner for Affidavits, a Minister of Religion, or a Bank Manager



Statement B

Notice of intention not to seek payment of a death benefit

This form will need to be completed for each adult who does not wish to be considered in the distribution of death benefits.

distribution of death benefits.																					
Surname of late member																					
Given name(s) of late member																					
iate member																					
ADF Super membership no.																					
I, (Surname)																					
(Given name(s))																					
of, (Address)	RESII	DENTI	AL AI	DDRE	SS																
	SUBL	JRB													1	STATI	E	1	POST	CODE	
make the following declaration (undei	r the	Sta	ituto	ory I	Decl	arat	ions	Act	195	9:										
1. My relationship to the late member is :																					
I am aware that as a result of the Fund.	the d	eath	of t	the a	abo	ve n	ame	ed m	ieml	oer a	an a	mou	nt is	pay	/abl	e fro	m				
3. I hereby advise that I have no payment of, all or any part of from any obligation to include	the b	ene	fit a	nd I	agr	ee th	nat t	he 1	Trus	tee d	of th	ie Fu	ınd i	s rel	eas						
4. I would like to provide the foll	owin	g fu	rthe	r inf	orn	natio	n re	egar	ding	the	dea	ath b	ene	fit:							
Please provide any details about the mer distribution of death benefits.															are of	f in th	ie				
5. The information provided in t	his st	ater	nen	t is t	rue	and	cor	nple	te t	o the	e be	st of	my	kno	wle	dge.					
I understand that a person who	inten	ition	ally	mal	kes	a fal	se si	tate	mer	nt in	a st	atut	ory (decl	arat	ion	is				

Sign

statements in this declaration are true in every particular.

SIGNATURE OF PERSON MAKING THE DECLARATION	

guilty of an offence under Section 11 of the Statutory Declarations Act 1959, and I believe that the

Declared at	ADDI	RESS																						
Declared at																								
																	_							
	SOBC	SUBURB													STATE			POSTCODE						
	DAY	DAY									DATE M				IONTH									
on																								
	YEAR	l											,											
										,														
Before me**,	SURN	IAME																						
,																								
	GIVE	N NA	ME(S)																					
Qualification																								
Address	RESI	DENTI	AL AC	DRES	SS																			
	SUBL	SUBURB															STATE				POSTCODE			
	cic			DER	ON 5		F 14//-	014-						_										
	SIGNATURE OF PERSON BEFORE WHOM THE DECLARATION IS MADE												•											
Sign																								

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see Section 11 of the *Statutory Declarations Act 1959*.

Note 2: Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 – see Section 5A of the Statutory Declarations Act 1959.

 ${\tt **Persons}\ before\ whom\ a\ statutory\ declaration\ may\ be\ made\ include:\ Commissioner\ for\ Declarations,$ a person in charge of an Official Post Office, a Magistrate, a Justice of the Peace, a Barrister or Solicitor, a member of the Police Force, a State School Teacher, a legally qualified Medical or Dental practitioner, a Pharmacist, a Notary Public, a Commissioner for Affidavits, a Minister of Religion, or a Bank Manager









Overseas Callers +61 2 4209 5401



Fax 1300 204 314



Post ADF Super Locked Bag 20116 Melbourne VIC 3001