



Family law application for superannuation information

Form and Declaration

Important information about this form

The *Family Law Act 1975* allows an eligible person to request Commonwealth Superannuation Corporation (the trustee) to provide certain information about a member's super account or accounts.

An eligible person is:

- a member of Public Sector Superannuation accumulation plan (PSSap) and/or Commonwealth Superannuation Corporation retirement income (CSCri), or
- the spouse of a member of one or both of those schemes, or
- a person who intends to enter into a super agreement with a member of PSSap and/or CSCri.

To receive information about your super account, or a member's super account, you must complete this application, together with the accompanying declaration (**Form 6**), which is made in accordance with subsection 90XZB of the *Family Law Act 1975*.

If you are requesting information about you and your spouse (that is, both of you are members), you will need to complete a separate application and declaration to receive your spouse's information.

Before you complete this form

Please ensure you have read and understood the Product Disclosure Statements (PDS) for PSSap and/or CSCri and understand the fees and costs associated with Family Law requests. The person or party requesting the information is required to pay the fee.

If the party is a member

A fee of \$170 for PSSap and \$150 for CSCri is payable for the preparation of a response to a request for superannuation information. If the party is a member, this fee will be paid from their account when the request is processed. No GST is payable.

If the party requesting the information is not the member

If the party is not the member, GST is payable on the family law fee. A fee of \$187 (inclusive of GST) for PSSap and \$165 (inclusive

of GST) for CSCri is payable for the preparation of a response to a request for superannuation information. The fee is payable by bank transfer to PSSap or CSCri.

How to pay

IMPORTANT: Please process payment of the required fee within three business days of the submission of this form.

Please transfer the required amount to the following bank details:

Account name:	PSSap application account
BSB:	092-009
Account:	117352
Reference:	The member's full name ie SURNAME First name

Note: CSCri share the same bank account details as above.

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this ☐ with a cross (X) then fill out the next question or section.

Privacy

Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via pssap.gov.au or by contacting us on **1300 725 171**, for the purpose of managing your super. This includes the management of superannuation investments, providing superannuation products and information, the administration of accounts, conducting market research and product development. The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.



The information provided in this form is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the relevant Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Public Sector Superannuation accumulation plan ABN: 65 127 917 725 RSE: R1004601 | CSC retirement income



Family law application for superannuation information

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

A Personal details

Please complete **Section A1** if you are a PSSap and/or a CSCri member or **Section A2** if you are not a PSSap or CSCri member.

Section A1 (Complete this part if you are an PSSap and/or CSCri member.)

Pssap member number
(if applicable)

CSCri member number
(if applicable)

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other

Surname

Given name(s)

Date of birth

D

D

M

M

Y

Y

Y

Y

/

/

Phone

Business hours

After hours

Mobile number

Email

Date(s) calculation to be made

1.

D

D

M

M

Y

Y

Y

Y

/

/

2.

D

D

M

M

Y

Y

Y

Y

/

/

3.

D

D

M

M

Y

Y

Y

Y

/

/

4.

D

D

M

M

Y

Y

Y

Y

/

/

IMPORTANT: The above-mentioned fee is payable for each date in which information is being sought.



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Section A2 (Complete this part if you are the spouse of a PSSap or CSCri member or if you are considering entering into a superannuation agreement with a PSSap or CSCri member.)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other																	
Surname																						
Given name(s)																						
Date of birth	D	D			M	M			Y	Y	Y	Y										
	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Phone	Business hours											After hours										
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile number																						
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Email																						
Date(s) calculation to be made	1.	D	D			M	M			Y	Y	Y	Y									
	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
	2.	D	D			M	M			Y	Y	Y	Y									
	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
	3.	D	D			M	M			Y	Y	Y	Y									
	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
	4.	D	D			M	M			Y	Y	Y	Y									
	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												

IMPORTANT: The above-mentioned fee is payable for each date in which information is being sought.

Information about the member

Passap member number
 (if applicable)

CSCri member number
 (if applicable)

Member's title
 ☐ Mr
 ☐ Mrs
 ☐ Ms
 ☐ Miss
 ☐ Other

Member's surname

Member's given name(s)

Member's date of birth

B Checklist

Make sure you follow these steps:

- ☐ Complete an Application for super information form.
- ☐ Complete a Declaration to accompany application for super information (**Form 6**).
- ☐ I have made payment via EFT and have attached remittance advice with this form.

C Lodgement

If your application relates to a member of PSSap only or PSSap and CSCri, please email or post your completed application and declaration to:

formsandapplications@pssap.com.au

or

PSSap
Locked Bag 20117
Melbourne VIC 3001

If your notice relates to a CSCri account only, please email or post your completed notice to:

formsandapplications@cscri.com.au

or

CSCri
Locked Bag 20115
Melbourne VIC 3001



FORM 6
06/25

Declaration to accompany application for superannuation information

This declaration is made under subsection 90XZB (2) of the *Family Law Act 1975* to receive information about a super interest.
You must tick one box only in each section.

A Support declaration

Full name

[illegible]

Date of birth

D	D	M	M	Y	Y	Y	Y

of

Street

[illegible]

Suburb/town

[illegible]

State

--	--	--

Postcode

--	--	--	--

make the following declaration in support of my application for super information to Commonwealth Superannuation Corporation (the trustee) for information about:

☐ my super interest

OR

□ a super interest of

Member's given name(s)

[illegible]

Member's surname

[illegible]

Member's date of birth

D	D	M	M	Y	Y	Y	Y

who is a member of:

Pssap member number
(if applicable)[illegible]

CSCri member number
(if applicable)

[illegible]

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B Relationship to member

I am (please chose one)

☐ a member of PSSap and/or CSCri

OR

☐ the spouse of

Member's given name(s)

Member's surname

Member's date of birth / /

who is a member of PSSap and/or CSCri,

OR

☐ intending to enter into a super agreement under Part VIIIB of the *Family Law Act 1975* with:

Member's given name(s)

Member's surname

Member's date of birth / /

who is a member of PSSap and/or CSCri.

C Declaration

I need the information to (please choose one):

☐ help me to properly negotiate a super agreement

OR

☐ help me with the operation of Part VIIIB of the *Family Law Act 1975*.

 Sign

Signature

Date signed

/ /

D Lodgement and payment

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BSB: **092-009**
Account: **117352**
Reference: **The member's full name ie SURNAME First name**

Note: CSCri share the same bank account details as above.

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or

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Locked Bag 20117
Melbourne VIC 3001

If your notice relates to a CSCri account only, please email or post your completed notice to:

formsandapplications@cscri.com.au

or

CSCri
Locked Bag 20115
Melbourne VIC 3001

 For more information visit csc.gov.au

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