**Australian Government** 



**Commonwealth Superannuation Corporation** 



# **Application for Associate Death Benefit**

# Important information about this form

# Before you use this form

Before completing this benefit application form, it is recommended that you read the Product Disclosure Statement (PDS) and Death and Invalidity Benefits Booklet for the Commonwealth Superannuation Scheme (CSS) or the Public Sector Superannuation Scheme (PSS) whichever is applicable, available at csc.gov.au or by phoning CSS on 1300 000 277 or PSS on 1300 000 377.

# Who should use this form?

You can use this form to claim a death benefit of an associate member of CSS or PSS who has died if you are:

- The legal personal representative (LPR) of the deceased member's estate. The LPR is the executor of the will or the administrator of the estate;
- An individual, if no LPR can be found.

Please see the following table for more details about when a benefit may be payable.

Dee	ceased Person	Conditions for Payment to Estate	Person(s) payable				
1.	Associate member	The benefit is only payable to the estate	LPR or individual(s) as determined by CSC				
2.	Associate pensioner	No benefit payable	Not applicable				

#### **Complete:**

- Part A About the deceased
- Part B About the person making this benefit application
- Part C About the estate
- Part D Payment details
- Part E Identification requirements
- Part F Attachments
- Part G Applicant declaration

#### Who should use this form?

If you're applying for a death benefit in relation to a contributing or preserved member of CSS or PSS who did not have an associate membership, please complete the CP90 Application for Death Benefit form available on our website csc.gov.au



About this form continued on next page

Remementation consider its contents before making any decision regarding your super. th Superannuation Corporation (CSC) ABN: 48 882 817 243, AFSL: 238069, RSEL: L0001397 Ith Superannuation Scheme

## **Further information**

If you need more information, please see the below documents which are available on our website, or contact us using the details below.

- CSS Product Disclosure Statement (PDS)
- PSS Product Disclosure Statement (PDS)
- CSS Family Law and Super Splitting Booklet
- PSS Family Law and Super Splitting Booklet
- CSS Death Benefits factsheet
- PSS Death Benefits factsheet

### Contact

7 London Circuit

Canberra ACT 2601

We're here to help, so if you need any further information or have any questions, you can contact us in the following ways:

Visit

Mail GPO Box 2252 Canberra ACT 2601 Email members@css.gov.au

members@pss.gov.au

# Phone

CSS 1300 000 277 PSS 1300 000 377 for the cost of a local call **Fax** (02) 6275 7010 Internet csc.gov.au

### How to use this form

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

### Submitting your form

Send your completed application and attachments to: CSS/PSS GPO Box 2252 Canberra ACT 2601 AUSTRALIA or email to: formsandapplications@csc.gov.au Australian Government Commonwealth Superannuation Corporation



# Application for Associate Death Benefit

Form start

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

A	About the de	eceased
1.	Reference number	
2.	Associate member of	CSS PSS
3.	Salutation	Mr Mrs Ms Miss Other
	Surname	
	Given name(s)	
4.	Former surname (if applicable)	
5.	Date of birth	
6.	Date of death (Please attach a certified copy of the death certificate or forward later when available.)	



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 advisor. You should obtain a copy of the relevant **Product Disclosure Statement (PDS)** and consider its contents before making any decision regarding your super.

Commonwealth Public Sector Superannuation Scheme Superannuation Scheme ABN: 19 415 776 361 ABN: 74 172 177 893 RSE: R1004649 RSE: R1004595

# B About the person making this benefit application

7.

Surname																		
Given name(s)																		
Postal address																		
	SUBL	JRB												STATE		POST	CODE	
Relationship to deceased																		
Date of birth	D	D	/	M	М	/	Y	Y	Y	Y								
Phone number	BUSI	NESS	HOUR	S							AF	TER H	OURS					
	MOB	ILE NU	JMBE	R									1			 		

As the person making this application, you are required to provide identification details in accordance with Part E.

C	About the e	state		
8.	Did the deceased leave a Will?	Yes – please provide a copy and, go to <b>next question</b>	No – go to question 10	Not sure
9.	Is it intended to take out Probate?	Yes – please provide a copy when available. Go to <b>Part D</b>	No – go to <b>next question</b>	Not sure
10.	Is it intended to take out Letters of Administration?	Yes – please provide a copy when available. Go to <b>Part D</b>	No – go to <b>Part D</b>	Not sure

Payment details

Please provide details of the account you want the benefit paid into. The account must be an Australian bank account in your name, an estate bank account opened in respect of the deceased member, or a trust account for the solicitor assisting you with the estate.

11.	Type of financial institution	Savings bank Building society Trading bank Credit union
	Name of institution	
	Name of account holder	

Branch location	_
Branch (BSB) number	
Account number	

12.

# **Identification requirements**

To confirm your identity, we need 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

You can authorise us to verify your identification electronically using 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.

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

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 <u>legislation.gov.au</u>

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 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 3rd 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

- A current Australian Driver's Licence.
  - A current Australian Passport (or one which has expired within the last two years).

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

#### 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 authorised as a notary public in a foreign country, or by a person who is on a list of persons before whom a statutory declaration may be made and who has a connection to Australia. **For example**: a doctor who is registered in Australia and working overseas, or an Australian Consular Officer. Refer to <u>ag.gov.au</u> and <u>dfat.gov.au</u> for more information. 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.

\*Please, don't send original documents.

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

B	Attachments											
3.	you have included attachments with this application, please tick the appropriate box/es to ensure they are properly ecorded.											
	A death certificate											
	A Will											
	A probate document											
	Letters of administration											
	Identification documents (copies) as set out in Part E.											
	Other (please specify)											



# **Applicant declaration**



declare that I:

- have been advised to read the relevant Product Disclosure Statement, Death and Invalidity Benefits Booklet, Family Law booklet and relevant scheme factsheets before completing this application form
- understand the benefit entitlement available
- have only supplied information that is complete and correct
- if applying for a benefit as the legal personal representative, am authorised to sign on behalf of the Estate or the Firm/Office I represent
- understand that if all the required information has not been provided, this application may be returned to me for completion and payment may be delayed.

SIGNATURE





# Lodgement

You have now completed this form.

### Send your completed application and attachments to:

15.

CSS/PSS GPO Box 2252 Canberra ACT 2601 Australia

or email to: formsandapplications@csc.gov.au

# **Privacy**

We're committed to protecting your privacy. We collect, hold and disclose your personal information so that we can provide superannuation services to you, improve our products, and keep you informed. We will only share your personal information where necessary and as permitted under our privacy policy. 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/privacy/

# How can I get more information?





