



Election to cease membership

Application form and Explanatory notes

This form and Explanatory notes are to be used by contributing members of Public Sector Superannuation (PSS) scheme who wish to cease PSS membership to join an alternative scheme.

Do not complete this form if you are on leave without pay that does not count as service.

You may be eligible to join Public Sector Superannuation accumulation plan (PSSap)—check with your employer.

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 book an appointment or find out more, call 1300 277 777.

[^]Our authorised financial planners are authorised to provide advice by Guideway Financial Services (ABN 46 156 498 538, AFSL 420367). Guideway is a licensed financial services business providing CSC financial planners with support to provide members with specialist advice, education and strategies.

Before completing this application form you should read the **PSS Product Disclosure Statement (PDS)** and the **Ceasing PSS membership factsheet** at csc.gov.au or call **1300 000 377**.

It is important to note that once you have made a valid election to cease your PSS membership, we will preserve your benefit and there is **no option to re-join the scheme at a later date**.

Explanatory notes

These notes are intended to assist you in completing the attached form. They are not intended to provide a detailed explanation about your option to cease PSS membership.

Where to find out more about your option to cease PSS membership

Please refer to the **PSS Product Disclosure Statement (PDS)** and the **Ceasing PSS membership factsheet** when you are deciding on your options. There are also factsheets, and calculators available at csc.gov.au

For further support email members.aps@contact.csc.gov.au or call **1300 000 377**.

It is in your interest to seek professional advice before you make a decision. For information on the personal advice service available to you, refer to **Financial advice for your needs and goals** on page 1.

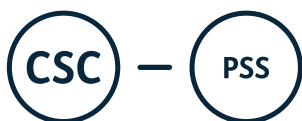
The PSS election to cease membership form

Take care when completing this form. If you do not complete the application form correctly we may declare it void.

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 csc.gov.au or by contacting us on **1300 000 377**, 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.

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Public Sector
Superannuation
Scheme

Any financial product advice in this document 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 PSSap Product Disclosure Statement and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397

Defence Force Retirement and Death Benefits Scheme ABN: 39 798 362 763 | Australian Defence Force Superannuation ABN: 90 302 247 344 RSE: R1077063 | Commonwealth Superannuation Scheme ABN: 19 415 776 361 RSE: R1004649 | Public Sector Superannuation accumulation plan ABN: 65 127 917 725 RSE: R1004601 | Military Superannuation and Benefits Scheme ABN: 50 925 523 120 RSE: R1000306 | Australian Defence Force Cover ABN: 64 250 674 722 | Public Sector Superannuation Scheme ABN: 74 172 177 893 | 1922 Scheme | DFRB Scheme | PNG Scheme | DFSPB | CSC retirement income

A Personal details

Complete all the boxes in **Section A**. This enables us to identify you and tell us where to contact you.

Relationship details

Provide details of your relationship status, including same sex or opposite sex de facto relationships. You may wish to include a copy of your marriage certificate or registered relationship certificate with your application. This would speed up the process in the event that a spouse's benefit becomes payable. For the definition of a spouse for death benefits, see the **Death benefits** factsheet at csc.gov.au

Contact details

This postal address is where we will send all correspondence to you. We also require contact phone numbers, in case we need to contact you. Your current work number, an email address, either at work or at home, is useful for us to contact you quickly.

Employment details

Provide the details of your current employer so we can contact them if required.

B Identification requirements

To guard against fraud, money laundering, 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 a Document Verification System (DVS), 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.

C Information acknowledgement

Complete this to acknowledge that you have received and understood sufficient information to be able to make an informed choice about your election to cease PSS membership.

You are making a formal election under the provision of the *Superannuation Act 1990*. This election is binding and you cannot change it. We **strongly recommend** you make use of the information sources outlined at the start of the **Explanatory notes** before you complete this section.

D Joining an alternative scheme

When you elect to cease PSS membership, one of the following two options will apply to you:

- if you are eligible to be a member of PSSap you will automatically join PSSap; or
- if you are not eligible to be a member of PSSap you can elect to join a superannuation fund of your choice provided your employer agrees to make superannuation contributions on your behalf into that superannuation fund.

It is very important that you discuss with your employer your intention to cease PSS membership and the options available to you to join another superannuation scheme. Your PSS membership will not cease until you have become a member of another superannuation scheme. It is not sufficient that you elect to cease PSS membership; you must also become a member of another superannuation scheme for the cessation of your PSS membership to take effect.

You should tick which statement applies to you in this section.

E Transfer amounts currently held by PSS

If you have a transfer amount you can pay it into an accumulation scheme. There are two types of transfer amounts:

- post 1995 transfer amounts
- pre 1996 transfer amounts.

Be aware that if you don't elect to rollover your transfer amount (on this election form) it will be included in the amount left preserved in PSS and you will not be able to access any part of your benefit until you meet a condition of release.

F Taxation

Start date for taxation purposes

For taxation purposes, your lump sum benefit is called a Superannuation Lump Sum Payment.

The start date relates to the date your eligible service period (ESP) started and is used to calculate the various components of your Superannuation Lump Sum Payment for taxation purposes.

Generally, your ESP is the number of days between the date you started your current employment (which may be earlier than the date you joined CSS or PSS), and the date your payment is made. If you were formerly a CSS member who started membership before 1 July 1983 and you have a long service leave start date that is earlier than your CSS start date, that earlier date applies as your ESP start date. Earlier periods of employment for which you paid a transfer value into CSS or PSS are added to your ESP. If this is the case, please fill in the start date of that earlier service.

If you do not show a date in this section, we will use the date on which you joined PSS as your start date (unless you transferred from CSS, in which case we will use your CSS start date). If you are leaving your entire benefit (including any transfer amounts) preserved in PSS you do not need to fill out this section.

Tax File Number (TFN)

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, we are required to deduct PAYG tax at the top marginal rate plus the Medicare levy from benefits if a person does not provide a TFN. If you have not been issued a TFN you should lodge an Australian Taxation Office (ATO) application/enquiry form with the ATO. Forms are available at ato.gov.au or all ATO branches. You must provide proof of identity at the time you lodge the form.

Approval to advise 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 a fund.

Note: We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit can be rolled over to another fund or paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

G Departmental report

Cessation date

Your PSS membership will not cease until you have become a member of another superannuation scheme. It is not sufficient that you elect to cease PSS membership; you must also become a member of another superannuation scheme for the cessation of your PSS membership to take effect. Therefore, your cessation date is the day BEFORE the date you join your new fund.

What next?

When you have completed **Sections A, B, C, D, E** and **F** of this form please give the form to your personnel section so they can complete the relevant section. Your personnel section will forward the completed form to us.

Do not send the completed application form directly to us.

Change of address

We will preserve your benefit in PSS and it is important that you advise us of any change in your postal address. This will enable us to forward information to you each year regarding your benefit.

Note: if you are a preserved benefit member and don't advise us of your change of address, we may treat you as a 'lost member'. This may ultimately result in your benefit being classed as 'unclaimed' once you reach 65.



Election to cease membership

Application form

- Read the Explanatory notes and each section of the form carefully before filling it in.
- Use CAPITAL LETTERS and a blue or black pen
- Sign your name where needed. If you don't sign the relevant sections of the form, we will return it to you.

A Personal details

Reference number (AGS)

Title Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Previous memberships 1 3
 Have you had any other periods of PSS membership? If so, please list the reference (AGS) number(s) for each of those memberships. 2 4

Relationship details

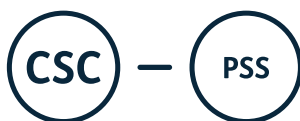
Married Single De facto

If applicable,
Spouse's surname

Spouse's given name(s)

Spouse's date of birth / /

Start date of
de facto relationship / /



Public Sector
Superannuation
Scheme

➔ Section A continued on next page

Any financial product advice in this document 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 PSSap Product Disclosure Statement and consider its contents before making any decision regarding your super.

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Contact details

Address

Residential address

Suburb/town

State

Postcode

Phone numbers

Business hours

After hours

Mobile number

Would you like to receive an SMS to confirm we have received your application? Yes No

Email

Employment details

Name of employing department or agency

B 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*.

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

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. Note: we require a copy of both sides of your identification document.**

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.
- 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

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 check **BOTH** boxes 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.
- I have attached identification for DVS verification.

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

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

Primary photographic identification

DVS compatibility* is shown as  or 

-  A current Australian Driver's Licence (front and back of licence must be provided).
-  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 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.**

PSS is authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*.

We will treat your TFN as confidential and will only use it for legal purposes, which include:

- disclosing it to the trustee of an eligible superannuation entity, regulated exempt public sector superannuation scheme or RSA provider to which your benefits are transferred in the future, unless you specifically instruct us not to
- finding or identifying your superannuation benefits where other information is insufficient
- calculating tax on your benefits
- providing information to the Commissioner for Taxation
- validating your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit can be rolled over to another fund or paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

Note, the lawful purposes may change in the future as a result of legislative change.

*** If you have already provided your TFN to us you are under no obligation to provide it again when making an application for benefits. However, if your TFN is NOT recorded by us, payment of your benefits may be delayed.**

3. What is your TFN?

Select this box if you do not want us to pass on your TFN

We are authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*.

Section F of the **Explanatory notes** summarises the legal uses of your TFN.

Member checklist

Have you

- read all the explanatory notes, received a benefit estimate, and any other information you require to make an informed choice?
- filled in all the sections applicable to you?
- completed the identification requirements in **Section B**?
- signed the declaration in **Section C**?
- signed an election option in **Section D**?
- completed rollover nomination details at **Section E**?
- provided an 'ESP start date' (if appropriate) in **Section F, Question 1**?
- provided your TFN in **Section F, Question 3**?
- attached a copy of your marriage certificate or registered relationship certificate?

You have now completed this form.

Please return it, with any attachments, to **your personnel section or pay office** for completion of the Departmental report and forwarding to us.*

*** Don't forget to check with your personnel section or pay office to ensure that your benefit application has been forwarded to us.**

End Form

G Departmental report

Personnel section or pay office to complete.

Member's name

Member's date of birth / /

Reference number (AGS)

Date of election to cease PSS membership / /

Date joined new super fund / /

Name of new super fund

Final super salary at exit \$ / /

Final 3 birthday salaries before exit

\$ / /

\$ / /

\$ / /

What is the pay day of the final contribution (or other final adjustment)? / /

What is the amount of this contribution (or adjustment)? \$

Note: You should ensure that you balance the contributions by the last pay day immediately before their date of exit.

Personnel checklist

We require the following information:

- YES N/A
- Employee's signature and date of birth confirmed
 - Superannuation history printout
 - Details of any part-time hours worked
 - Details of any period of LWOP including maternity/parental LWOP

Failure to provide the documents outlined in this checklist will result in delays in processing this application.

Checklist for department


I confirm that the information in this form is correct and that the member checked the correct box in **Section D**. If the member is ineligible to join PSSap, we hold a copy of the membership details and their chosen fund.

Employer

Contact number **Business hours** **After hours**

Mobile number

Full name of delegate signing this form:

 **Sign**

Date signed / /

 Email the completed form to formsandapplications@csc.gov.au