



# Spouse of a deceased member (contributing or preserved)

## Benefit application form – Part 1 (establishing eligibility)

### 1. Explanatory notes

### 2. Form

## Important information about this form

### What this form is for

You can use this form if you are a spouse or partner of someone who passed away as a member of CSS or PSS. If you are a spouse or partner of a deceased member, you may be eligible to receive a superannuation benefit.

### Who is eligible?

For information regarding eligibility, please refer to the **Death benefits** factsheet for the relevant scheme available at [csc.gov.au](https://csc.gov.au)

### How to use this form

- Please use a black or blue pen.
- Mark boxes like this ☐ with a ✓ or ✗ then fill out the next question or section.

### Submitting your form

Please post your completed, signed application form and attached documents to:

CSS/PSS  
GPO Box 2252  
Canberra ACT 2601  
AUSTRALIA



# 1. Explanatory notes

These **Explanatory notes** are intended to assist you to complete the attached benefit application form. Before completing this benefit application form, you are advised to read the **Product Disclosure Statement (PDS)** for the relevant scheme available at [csc.gov.au](http://csc.gov.au)

It is suggested that you separate the notes from the form so that you can refer to them as you complete the application form. We can provide details of your benefit entitlement and explain benefit options.

## For more information:

### CSS

Phone: 1300 000 277

Fax: 02 6275 7010

Email: [members@csc.gov.au](mailto:members@csc.gov.au)

### PSS

Phone: 1300 000 377

Fax: 02 6275 7010

Email: [members@pss.gov.au](mailto:members@pss.gov.au)

## Section A – About the deceased

Please complete all the boxes in this section.

Please also attach a certified copy of the full death certificate.

## Section B – Your details

Please complete all the boxes in this section. It allows us to identify you, and tells us how to contact you.

## Section C – Relationship details

Complete all the boxes in this section and provide any necessary certificates or Statutory Declarations as required.

## Section D – Third party authority

If you wish for another party to represent you in this matter please complete and return the authority form.

## Section E – 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, 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 F – Application checklist

Please ensure relevant documents are included.

## Section G – Declaration

You must sign the declaration in all cases.

 **Note:** There are penalties for making false declarations in respect of claims for benefits.

End of  
explanatory  
notes



Benefit application form –

Part 1 (establishing eligibility)

2. Form start

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

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](https://csc.gov.au/Members/Privacy-policy)

A

About the deceased member

1. Details

Title

☐ Mr☐ Mrs☐ Ms☐ Miss☐ Other

Surname

Given name(s)

Date of birth

D

D

M

M

Y

Y

Y

Y

Date of death

D

D

M

M

Y

Y

Y

Y

Please provide a certified copy of death certificate

2. Scheme details

Some members have more than one scheme or several memberships. Please provide AGS numbers for each membership:

Reference number (AGS)

Scheme

Reference number (AGS)

Scheme

Reference number (AGS)

Scheme





## About you

### 3. Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>					
	<input type="text"/>					
	SUBURB				STATE	POSTCODE
	<input type="text"/>				<input type="text"/>	<input type="text"/>
Postal address (leave blank if same as residential address)	<input type="text"/>					
	<input type="text"/>					
	SUBURB				STATE	POSTCODE
	<input type="text"/>				<input type="text"/>	<input type="text"/>
Phone	BUSINESS HOURS		AFTER HOURS			
	<input type="text"/>		<input type="text"/>			
	MOBILE NUMBER					
	<input type="text"/>		<input type="text"/>			
Email	<input type="text"/>					
	<input type="text"/>					
	<input type="checkbox"/> 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. Please tick this box if you want paper copies of those documents to be sent to the postal address above instead. You can change your communication preference at any time via Pensioner Services Online.					



## Relationship details

### 4. Living arrangements

Were you living with the deceased as their husband/wife or partner at the time of death?

Yes ☐

No ☐ Go to 9

### 5. Relationship

Do you declare that the relationship (marital or couple) was in existence at the time of death and that there was no cessation or action being taken to dissolve the relationship?

Yes ☐

No ☐

## 6. Children

Were there children born of the relationship or adopted?

Yes ☐ If aged under 25, please note Part E on page 6  
No ☐

## 7. Separation

At the time of death, were you temporarily separated, separated because of illness, hospitalisation or long-term medical care?

Yes ☐ Please note Part C on page 6  
No ☐

## 8. Length of relationship

Were you continuously living in a bona fide domestic relationship (in a marital or couple relationship) for more than three years until the date of death? (Except for the period of temporary absence, if applicable.)

Yes ☐ Please note Part A on page 5  
No ☐ Please note Part B on page 5

## 9. Relationship status

Were you:

- previously in a marital or couple relationship, but the relationship ended before the member's death?

and

- legally married at the time of death?

and

- wholly or substantially dependent upon the deceased at the time of death?

Yes ☐ Please note Part D on page 6, then go to 8

No ☐ Please note the definition of spouse provided in the **Death Benefits** factsheet. Should you wish to proceed with your claim, please submit all relevant evidence with your application.

## Evidence

### Part A

#### Please provide:

- a copy of the marriage or relationship certificate
- or
- declarations from individuals to affirm the existence of a couple relationship
  - utility and rates bills that support you lived with the deceased for the three year period continuously
  - advice if you jointly owned the property or provide a copy of the rental agreement/lease.

### Part B

#### Please provide:

- a statement, setting out the circumstances of the relationship
  - a copy of the marriage certificate or relationship
- or
- two statutory declarations from individuals to affirm the existence of a couple relationship (at least one by a professional, who is not a family member, e.g. accountant, lawyer, doctor)
  - utility and rates bills that support you lived with the deceased for the period continuously
  - advice if you jointly own real estate or other assets
  - a statement regarding financial interdependence, including bank statements
  - if applicable, please set out the circumstances regarding the care of any children.

Part C

Please provide:

- the reason for the absence and evidence to substantiate the separation (e.g. a letter from the nursing home or medical facility)

and

- before the separation, if you were living with one another for a continuous period of more than three years, please provide the information requested at **Part A**
- before the separation, if you were living with one another for a continuous period of less than three years, please provide the information requested at **Part B**.

Part D

Please provide:

- a copy of your marriage certificate
- a statutory declaration setting out the circumstances of the relationship
- evidence of whole or substantial dependence on the deceased, including a financial statement, setting out the sources of income and relevant expenditure
- an overview of how you were essentially dependant upon the deceased.

Part E

Please provide:

- a copy of the child's birth certificate
- and
- if aged between 18 and 25: evidence of full-time study.



## Authority for someone to act on your behalf

Complete this section if you want to give a third party the right to access information about your account or to act on your behalf.

Please select either or both of the following options:

- ☐ I authorise and consent to CSC disclosing or making available information about my account (including personal information) to the person nominated below.
- ☐ I authorise the person nominated below to act on my behalf in relation to my account\*, and I consent to CSC disclosing or making available information about my account (including personal information) to the person nominated below for that purpose.



**Note: Unless the person nominated is your legal representative, a valid power of attorney, guardianship order or public trustee request must accompany this form in order for CSC to accept a request for a third party to act on your behalf. In that case, the authority of the third party to act on your behalf will only be accepted for as long as the power of attorney, guardianship order or public trustee request is effective, even if you specify a longer duration in this form below.**

Representative

☐ Personal representative ☐ Financial representative

Relationship

☐ Financial advisor ☐ Solicitor ☐ Accountant/tax adviser

☐ Power of Attorney ☐ Guardian ☐ Public Trustee

☐ Other (please specify)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name

GIVEN NAME(S)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

D	D			M	M			Y	Y	Y	Y

Organisation (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

You consent to CSC disclosing or giving authorise access to your account details to

☐ any representative of the organisation

or

☐ only the named individual

(only specify an end date if applicable)

# E

*Counter-Terrorism Financing Act 2006.*

## Verifying your documents

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.

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.

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](http://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 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 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).

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](http://ag.gov.au) and [dfat.gov.au](http://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.**

# F

## Application checklist

### 10. I have attached the following documents

- ☐ **Certified Identification Documents** (see **Section E** for requirements)
- ☐ **Certified copy of the Death Certificate (if available)** If you have not yet received the Death Certificate, send us your application form with the other requested documents as soon as possible and send us a copy of the certified Death Certificate as soon as you receive it. This will allow us to start processing your request.
- ☐ If you have given authority for someone to act on your behalf, a certified copy of that document.

### 11. I have also attached the following as required

- ☐ Evidence requested at page 5 and/or 6.

# G

## Declaration

### 12. Please sign and date the following declaration before returning your application to us

- 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 on documents.
- I declare that I have read and understood the information in this form and in the relevant scheme factsheet.

Signature

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

### 13. Postal details

Please post your completed, signed application form and attached documents to:

**CSS/PSS**  
**GPO Box 2252**  
**Canberra ACT 2601**  
**AUSTRALIA**



**Email**  
[members@css.gov.au](mailto:members@css.gov.au)  
[members@pss.gov.au](mailto:members@pss.gov.au)



**Phone**  
**CSS:** 1300 000 277  
**PSS:** 1300 000 377



**Fax**  
**CSS:** (02) 6275 7010  
**PSS:** (02) 6275 7010



**Post**  
**CSS/PSS**  
GPO Box 2252  
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