



Child of a deceased pensioner

Reversionary pension application

Important information about this form

You can use this form if you are the child of someone who passed away while in receipt of a pension from ADF Cover. You can also use this form if you have care, control or custody of the child of a deceased pensioner.

A child of a deceased pensioner may be eligible to receive a pension; this is referred to as a Reversionary Pension.

If a deceased pensioner has multiple children, please photocopy and complete Part C for each additional child and return it with the rest of the form and any requested identification documents.

Please note: If the pension value is calculated to be less than \$5,000 per annum, the pension will automatically be converted to a lump sum using the following formula:

Annual rate of pension per annum X 16.5 = Lump Sum payable

You should read the **ADF Cover Death Benefits** factsheet before completing this form.

Definition of an eligible child

A person is an eligible child if the person is a child of the deceased covered member or pensioner and the person is either:

- under 18 years of age;
or
- at least 18 but under 25 years of age and receiving full-time education and was wholly or substantially dependent on the invalid or member at the time of death.

A person is a child of the deceased covered member or pensioner if the person:

- is a child or ex-nuptial child of the pensioner or member;
or
- was a step-child, an adopted child, a foster child or a ward of the pensioner or member when the pensioner or member died;
or
- is a child or ex-nuptial child of a surviving spouse of the pensioner or member and was wholly or substantially dependent upon the pensioner or member when the pensioner or member died.

For more information on the definition of an eligible child, please see the **ADF Cover Death benefits** factsheet available from csc.gov.au. If you need assistance call us on **1300 001 977**.



Australian
Defence Force
Cover

➡ About this form continued on next page

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

- Mark boxes like this ☐ with a ✓ or ✗ then fill out the next question or section.
- Where you see a box like this ☐ ► **Yes – go to 3** – skip to the question number shown. You do not need to answer the questions in-between.
- Where you see a box like this ◀ ☐ **Attach a** – attach the requested documents.

Submitting your form

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

ADF Cover
GPO Box 2252
Canberra
ACT 2601
AUSTRALIA

Faxed and emailed copies will not be accepted.



About the deceased pensioner

1. Details

Service	<input type="checkbox"/> Navy	<input type="checkbox"/> Army	<input type="checkbox"/> RAAF			
ADF Cover membership number/Service 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"/>					
PMKeyS (if applicable)	<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"/>					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<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"/> <input type="text"/>					
Given name(s)	<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"/> <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"/> <input type="text"/> <input type="text"/>					
Date of birth	<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"/>	
Date of death	<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"/>	

2. Number of children

How many children did the pensioner have?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---

If a pensioner had multiple children please photocopy Part C and complete it for each additional child, then return it with the rest of the form and any other requested documents.

3. Eligible spouse or partner

Did the pensioner have a spouse or partner at the time of their death?	<input type="checkbox"/> Yes	<input type="checkbox"/> ► No - go to 4
Is the spouse/partner the parents of the child this application is for?	<input type="checkbox"/> Yes - if you or someone else was the pensioner's spouse/partner at the time of their death, then do not complete this form. Please complete the Spouse of a deceased pensioner - Revisionary pension application form .	<input type="checkbox"/> No



About you

4. Person completing this form

Are you a child of a pensioner or the parent/guardian of the child of a pensioner?

- ☐ Child - **go to 6**
☐ Parent/Guardian

5. Details

What is your relationship to the child?

- ☐ Parent
☒ Guardian - **Attach evidence that you are the guardian and complete this part.**
Evidence could include a will showing that the child has been put into your care, or evidence that you have enrolled the child in school.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

Date of birth / /

Contact number **BUSINESS HOURS** **MOBILE NUMBER**

AFTER HOURS

Email
@

- ☐ 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.

Home address

SUBURB **STATE** **POSTCODE**

If you do not want mail sent to your home, please provide an alternate mailing address below.

Postal address

SUBURB **STATE** **POSTCODE**



Child of a Pensioner

If a pensioner had multiple children please photocopy **Part C** and complete it for each additional child, then return it with the rest of the form and any other requested documents.

6. Details

Relationship to the deceased
(e.g. child, adopted child or a
child with the meaning
of the *Family Law Act 1975*)

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

Date of birth

D	D					M	M					Y	Y	Y	Y
---	---	--	--	--	--	---	---	--	--	--	--	---	---	---	---

 / /

Phone number

BUSINESS HOURS

MOBILE NUMBER

AFTER HOURS

Email

@

Home address

SUBURB

STATE

POSTCODE

Postal address

SUBURB

STATE

POSTCODE

7. Bank account details

Please note that pensions can only be paid to an account in your name and must be in Australia.
This can be a joint account.

Financial institution

☐ Savings ☐ Building Society ☐ Trading Bank ☐ Credit Union ☐ Other

Name of institution

Name of account holder (s)

Must include your name

Branch (BSB) number

Account number

Please provide us with a completed **TFN declaration** form for each child. It is not an offence to not quote your/their TFN. **However, if you do not provide your/their TFN, we are required to withhold tax on any benefit paid to you/them at the highest marginal tax rate (plus Medicare levy).**

- An Australian Post Office or
- The Australian Taxation Office
- You may request that we send a TFN declaration form to you.

9. Age of child

☐ Under 18 - **Go to 12**

☐ Between 18 - 25

Are you/the child currently receiving full-time education and wholly or substantially dependent on the deceased at the time of death?

☐ Yes - **Go to 11**

☐ No - You/the child may not be eligible to receive a reversionary pension.
Please call us on **1300 001 977** to discuss your/the child's situation.

Name of child/student

[illegible][illegible]

D	D	M	M	Y	Y	Y	Y

[illegible][illegible]

SUBURB												STATE			POSTCODE		

BUSINESS HOURS									

AFTER HOURS									

[illegible]

from

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

 to

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

 Stamp

I certify that this student,
Whose date of birth is

D	D

 /

M	M

 /

Y	Y	Y	Y

RESIDENTIAL ADDRESS

[illegible]

SUBURB

[illegible]

STATE

--	--	--

POSTCODE

POSTCODE			

 **Sign**

PRINCIPAL / REGISTRAR SIGNATURE

Date signed

D	D	M	M	Y	Y	Y	Y

D

Authority for someone to act on your behalf

12. Have you given authority for someone to act on your behalf

☐ Yes – Attach a certified copy of the relevant document and provide details below.

☐ No – Go to 13

Representative

☐ Personal Representative

Relationship

☐ Financial Advisor ☐ Solicitor ☐ Public Trustee ☐ Accountant/tax advisor

☐ Power of Attorney

Guardianship

☐ Other

Note: Powers of attorney, Guardianship Orders or Public Trustee requests must accompany this authority form in order for information to be released.

For the purposes of

☐ any representative of the organisation

Given name(s)

[illegible]

Surname

[illegible]

Date of birth

D	D

 /

M	M

 /

Y	Y	Y	Y

Organisation	<input type="text"/>																			
Representative	<input type="checkbox"/> any representative of the organisation																			
Phone numbers	BUSINESS HOURS <input type="text"/>										<input type="text"/>									
	MOBILE NUMBER <input type="text"/>										<input type="text"/>									
Postal address	<input type="text"/>																			
	<input type="text"/>																			
	SUBURB <input type="text"/>										STATE <input type="text"/>					POSTCODE <input type="text"/>				
Email	WORK <input type="text"/>																			
	@ <input type="text"/>																			
Financial Services Licence number:	<input type="text"/>										ABN <input type="text"/>									
Allow access from	from <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y to <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y																			
	Only specify an end date if applicable																			



Application checklist

13. Please attach the following documents:

- A certified copy of each child's Birth Certificate (if under 25 years of age).
- Certified Identification Documents (see Part F for requirements).
- If you are a guardian, please provide certified identification for yourself and the child/ren
- Tax File Number declaration form for each applicant
- 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 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
- If you are a surviving spouse filling out this application for an eligible child, this is the only identification required.

14. Ongoing correspondence

At times, we may need to contact you, or will send you updates about any pensions you may have with us. If your personal or banking details change, please notify us as soon as possible by contacting us on **1300 001 977**.



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.

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:

- 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

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



Declaration

I declare that:

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



Sign

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

☐ I do not want my contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by ADF Cover.



Lodgement

You have now completed this form.

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

ADF Cover
GPO Box 2252
Canberra
ACT 2601
AUSTRALIA

Faxed and emailed copies will not be accepted.

Privacy

Protecting your privacy is important to Commonwealth Superannuation Corporation (CSC). CSC collects personal information for the purposes of providing superannuation products and information to members, including the administration of superannuation legislation and rules, and for any other directly relatable purposes.

Your personal information will be disclosed to Superannuation Administration Corporation, trading as Pillar Administration (Pillar) ABN 80 976 223 967, AFSL 245591 for the purposes of establishing, administering and releasing your account. CSC may also disclose your personal information to the extent that it is required or permitted to do so by law.

A full copy of our privacy policy is available at csc.gov.au. Alternatively, you may request a full copy of our privacy policy by telephoning us on **1300 001 977**.

End Form



Need assistance?
Call us on the phone
numbers below



Email
members@adfcovers.gov.au



Phone
1300 001 977



Fax
(02) 6275 7000



Post
ADF Cover
GPO Box 2252
Canberra ACT 2601



Web
csc.gov.au



Overseas Callers
+61 2 6272 9633