



AFSL: 238395
ABN: 50 925 523 120
Board ABN: 72 406 779 248

Application for Estate Benefit (including Ancillary Benefit)

Before you use this form

Before completing this benefit application form, it is recommended that you read the Product Disclosure Statement (PDS) for the MSB Scheme, available on the MilitarySuper website www.militarysuper.gov.au or by phoning 1300 006 727.

Who should use this form?

Use this form if you are claiming a Defence Force Retirement and Death Benefits (DFRDB) Scheme or Military Superannuation and Benefits (MSB) Scheme Estate benefit. This benefit is payable if:

- the deceased person was a member of a class of people listed below, and
- the conditions for payment to the estate are satisfied.

Deceased Person	Conditions for Payment to Estate
DFRDB 1. Member 2. Deferred Benefit Member	No eligible spouse and no eligible children
MSBS 1. Member 2. Preserved Benefit Member 3. pensioner* 4. Ancillary Benefit Member who is a 'receiving spouse' (explained below)	No eligible spouse, no eligible children, and no dependent named in the deceased person's will who had been nominated to the MSB Board as an intended beneficiary.
* Note – In some circumstances following the death of an MSB Scheme pensioner, a benefit is not payable to the estate. Please contact ComSuper, if you have any queries.	

'Receiving Spouse'

A 'receiving spouse' is a person who has an Ancillary Benefit in the MSB Scheme comprised of contributions made on their behalf by their spouse in accordance with MSB Rule 110.

Completing this form

Complete:

- Part A: About the deceased
- Part B: About the person handling the affairs of the estate
- Part C: About the estate
- Part D: Declaration by other beneficiaries
- Part E: Attachments
- Part F: Identification requirements
- Part G: Applicant declaration

Then lodge with MilitarySuper at the address in Part H.

Ancillary Benefit

The Estate benefit will include an MSB Scheme Ancillary Benefit if any of the following were paid into the deceased person's MSB Scheme account:

1. Additional Personal Contributions
2. Salary Sacrifice amounts
3. Transfer Amounts
4. Spouse contributions (please note that spouse contributions are those paid by the deceased person's partner into his/her MilitarySuper account)
5. Co-contributions
6. Super Guarantee amounts

Surcharge debt

If the deceased was a Member of the Australian Defence Force (ADF) at the time of death and had a superannuation contributions surcharge debt, it will be deducted from the benefit before payment.

Payment

Lump sum payments and rollover cheques are normally paid within 15 working days after the date we receive your application and verify your eligibility.

Further information

If you wish, you can seek further information from the DFRDB Authority on **1300 001 677** or from MilitarySuper on **1300 006 727** regarding your options and completion of this form. You can also read:

- ***The DFRDB Book (if the deceased was in the DFRDB)***
- ***The MilitarySuper Book (if the deceased was in the MSB Scheme)***
- ***Superannuation Contributions Surcharge leaflet***
- ***Taxation of Benefits leaflet***
- ***fact sheets on each Ancillary Benefit type.***

These publications are available on the MilitarySuper and DFRDB websites at **www.militarysuper.gov.au** and **www.dfrdb.gov.au**

A Financial Advisor may also be able to assist.

Privacy

The MSB Board, DFRDB Authority and their Administrator, ComSuper, are collecting the information on this form for the following reasons:

- to confirm your identity
- to assess your eligibility for payment of the benefit
- to pay your benefit
- to contact you
- to send you news about your benefits

The MSB Board, DFRDB Authority and ComSuper are committed to protecting any personal information we hold about you. Your information will not be used for any other purpose or disclosed to another party unless:

- you authorise us to do so
- the disclosure is authorised by law. This may include disclosing your personal information to other Government agencies that have specific legislative authority to collect this information (for example the Australian Taxation Office, Centrelink or the Department of Veterans' Affairs). We will not disclose your personal information to these agencies unless it is lawful to do so
- it is to Orima Research who may, on our behalf, invite you to participate in a survey about our service (they are required to protect this information from disclosure to another party). If you do not want your contact details passed to Orima Research, please put a cross in the box at Question 23A on page 5 of the benefit application form.

Contact

We must provide you with any information you need to understand your benefit entitlements.

If you have any further questions about your benefit entitlements you can contact us in the following ways:

Visit

Unit 4 Cameron Offices
Chandler Street
Belconnen ACT 2617

Mail

PO Box 22
Belconnen ACT 2616

Email

members@enq.militarysuper.gov.au
members@dfrdb.gov.au

MSBS

Phone

1300 006 727
for the cost of a local call

Fax

(02) 6272 9617

Internet

www.militarysuper.gov.au

DFRDB

Phone

1300 001 677
for the cost of a local call

Fax

(02) 6272 9617

Internet

www.dfrdb.gov.au

Disclaimer

IT IS IMPORTANT YOU KNOW – THIS DOCUMENT CONTAINS GENERAL ADVICE OR INFORMATION ONLY

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. Therefore, before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation or needs. You may wish to do so with or without the assistance of a licensed financial advisor.

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PART A *About the deceased*

1. Service Navy Army RAAF

2. Service Number/
 Employee ID _____

3. Service Number from a
 previous period of service
 (if applicable) _____

4. Title _____
 Surname _____
 Given names _____

5. Former surname
 (if applicable) _____

6. Date of birth / /
day month year

7. Date of death / /
day month year
(Please attach a certified copy of the death certificate or forward later when available.)

8. Was the deceased married or living with a person of the opposite sex?
 No
 Yes - Person's name _____
 Person's address _____
 Postcode _____

PART A
(continued)

9. Did the deceased have any children under age 25?

No

Yes - Child's name _____

Guardian's name _____

Child/ Guardian's
address _____

Postcode _____

PART B
About the person
handling the affairs
of the estate

10. Surname/Firm name _____

11. Given name(s)
(if applicable) _____

12. Postal address _____

Postcode _____

13. Date of birth _____

 day month year

14. Work phone (BH) ()

Home phone (AH) ()

Mobile

PART C
About the estate

15. Did the deceased leave a Will?

Yes - Go to Question 16

No - Go to Question 18

16. Is it intended to take out Probate?

Yes - Please forward a copy when available. Go to Question 17

No - Go to Question 17

17. Were other beneficiaries nominated in the Will?

Yes - Go to Part D

No - Go to Part E

18. Is it intended to take out Letters of Administration?

- Yes - Please forward a copy when available. Go to Part E
- No - Go to Part E

PART D

Declaration by other beneficiaries

19. Please ensure all other beneficiaries (over age 18) sign.

I hereby agree to payment of the amount due to the Estate be forwarded to the person shown at Question 10.

Full name of
other Beneficiary

Beneficiary's signature

Date

_____|_____|_____|_____|_____|_____|
day month year

Full name of
other Beneficiary

Beneficiary's signature

Date

_____|_____|_____|_____|_____|_____|
day month year

Full name of
other Beneficiary

Beneficiary's signature

Date

_____|_____|_____|_____|_____|_____|
day month year

If there are more than 3 other beneficiaries, please provide details on another sheet.

PART E

Payment details

20. Please provide details of the account you want the benefit paid into. The account must be in Australia.

Type:

- Building Society Credit Union Bank

Name of financial institution

Branch name

Branch No. (BSB)

_____|_____|_____|_____|_____|_____|

Account No.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Account held in name(s) of

PART F

Attachments

21. If you have included attachments with this application, please tick the appropriate box/es to ensure they are properly recorded
- A Death Certificate A Probate Document
- A Will Letters of Administration
- Certified copies of documents requested to prove your identity
- Other (please specify below)

PART G

Identification requirements

22. To protect against fraud, safeguard your benefit and comply with the Government's recently introduced Anti-Money Laundering and Counter Terrorism Financing Legislation, we need you to provide documentation to prove your identity. Please be aware that under some circumstances we may request further information from you. If you are unable to provide documentation of the type set out below you should speak to an information officer on **1300 006 727**.

All documents provided to confirm your identity must be certified.

You will need to provide certified copies of

- **one document from column A in the table below, OR**
- **one document from column B AND one document from column C**

For example, you could provide a certified copy of your driver's licence (from column A) OR a certified copy of your birth certificate AND a certified copy of your tax return with your current residential address.

A	B	C
Driver's licence or permit issued by State or Territory or foreign government	Birth Certificate or Birth Extract, issued by an Australian or foreign Government (either in English or accompanied by English translation prepared by an accredited translator)	Copy of a rates bill with the same address and name as on the application
Passport (current or expired by less than two years)	Australian Citizenship certificate	Copy of an electricity or gas bill with the same address and name as on the application
An identification or proof of age card issued by a State or Territory, containing a photograph	Citizenship certificate issued by a foreign country (either in English or accompanied by an English translation prepared by an accredited translator)	Copy of a tax return letter from the ATO with the same address and name as on the application
A national identity card, containing a photograph, issued by a foreign government (either in English or accompanied by an English translation prepared by an accredited translator)	Pension or other social security/DVA benefit card	A letter from Centrelink or DVA with the same address and name as on the application
	ADF Discharge papers	

PART G (continued)

- a legal practitioner enrolled on the roll of a supreme court or the high court of Australia
- a judge or magistrate of a court
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a Justice of the Peace (JP)
- a notary public
- a police officer
- an agent or permanent employee of the Australian Postal Corporation in an office supplying postal services to the public
- an Australian consular officer or an Australian diplomatic officer
- a finance company officer with two or more years of continuous service with one or more Finance Companies
- a person employed by or an authorised representative of the holder of a financial services licence with two or more continuous years of service
- a member of the Institute of Chartered Accountants (ICA), Certified Practising Accountants (CPA Australia) or National Institute of Chartered Accountants (NIA) with two or more years of continuous membership

All copies of documents provided to MilitarySuper must be certified as true and correct copies of the original by one of the following:

The person certifying your documentation must confirm in writing that you are the valid holder of the ID that you are presenting and that any copies are true copies of the original

The certification must include the name, address, occupation, telephone number and registration number (if applicable) of the certifying authority.

If you are providing copies of bills or statements, you should black out any personal financial information or details of transactions in order to protect your privacy. Copies of identification provided will be stored electronically in a secure environment. The paper copies will be securely destroyed. All copies will only be used for the purpose of confirming your identity.

List the documents you have attached to prove your identity:

PART H Applicant declaration

23. I declare that:

- I have been advised to read the Product Disclosure Statement package, the DFRDB Book and relevant scheme leaflets before completing this application form
- I understand the options available for the Estate's benefit entitlement the information I have supplied is complete and correct
- I am authorised to sign on behalf of the Estate or the Firm/Office I represent.
- I understand that if I have not provided all the required information, this application maybe returned to me for completion and payment may be delayed.

Your signature _____

Date

_____|_____|_____|_____|_____|_____|
 day month year

23A. I do not want my contact details passed to Orima Research for the purpose of participating in research on the service provided by ComSuper.

PART I
Lodgement

24. Send your completed application and attachments to:

MilitarySuper
PO Box 22
BELCONNEN ACT 2616