

Application for Invalidity Benefits

Who should use this form?

Use this form if you are a Member of the **Military Superannuation and Benefits Scheme (MSBS)** and you are being discharged from the ADF as medically unfit for further service.

Do not use this form if you have ceased employment with the Australian Defence Forces other than on the ground of invalidity.

When to use this form

This form can be completed up to three months **before** discharge and no later than three months **after** discharge. However, it is more usual to complete the application as part of DISPAY procedures.

Options

Before completing this benefit application form you are advised to read the Product Disclosure Statement (PDS) for the MSBS, available from the MilitarySuper website at www.militarysuper.gov.au or by ringing **1300 006 727**.

On discharge on the ground of invalidity the benefits will vary according to your invalidity classification. For more information regarding this process please read the **Invalidity Benefits** fact sheet.

There are two components to your Resignation Benefits: Member Benefit and Employer Benefit. You may also have a third component, an Ancillary Benefit.

MEMBER BENEFIT

Your Member Benefit consists of the number of units you hold in the MSB Fund plus any earnings thereon. Benefit payments result in the withdrawal of existing units at the unit price applicable on the later of:

- a) the day after exit; **or**
- b) the day on which a Members application is received in ComSuper.

If you transferred from the DFRDB Scheme, your Member Benefit includes your DFRDB contributions plus notional earnings on those contributions.

The options for your Member Benefit are:

- the **pre 1 July 1999 component** can be taken as a cash lump sum, rolled over, or preserved in the MSB Fund.
- the **post 30 June 1999 component** must be preserved in the MSB Fund or rolled over to another Fund.

If you preserve any of your pre 1 July 1999 component with MSBS, any future withdrawal must be in multiples of \$10,000. There must be a minimum of six months between withdrawals.

EMPLOYER BENEFIT

If you are classified Class A or B you will be entitled to a pension. However, if you are classified Class C you do **not** have any option for your **Employer** Benefit – it must be **preserved** in the MSBS until you reach at least age 55. Your employer benefit can be paid out earlier in some limited circumstances (e.g. severe financial hardship, total and permanent disablement).

ANCILLARY BENEFIT

You may also have an Ancillary Benefit. An Ancillary Benefit consists of any of the following that have been paid into your MilitarySuper account.

- 1) Additional Personal Contributions
- 2) Salary Sacrifice amounts
- 3) Transfer amounts
- 4) Spouse Contributions (please note that spouse contributions are those paid by your partner into your MilitarySuper account)
- 5) Co-contributions
- 6) Super Guarantee amounts

Options (continued)

You may roll your Ancillary Benefit at any time. The Ancillary Benefit may be cashed out once you have reached your superannuation preservation age (see table below) and:

- if you are less than 60 - you have permanently retired from the workforce
or
- if you are aged 60 or more - you have permanently retired from the workforce or your current employment has ended.

Payment

Lump sum payments and rollover cheques are normally paid within 15 working days after your discharge is confirmed or after the date we receive all necessary documentation to enable us to process your application, whichever is the later.

Rollover fund nominations

If you are choosing to rollover part of your benefit, it must be paid to a complying superannuation fund, rollover fund, Retirement Savings Account (RSA). We will not deduct tax from any amount rolled over to another fund however, the receiving fund will deduct 15% tax from any untaxed component of the rollover.

You can nominate two rollover funds or RSA's to receive all or part of your lump sum benefit. Complete one nomination if you are going to roll over your entire benefit to one fund. If you are going to split the amount, complete both nominations with details of the second fund.

We will make all rollover cheques payable to your nominated rollover fund(s) send them directly to your nominated fund(s). Please make sure you have the correct postal address of your fund(s).

When completing this section you must include the name and Australian Business Number (ABN) for the nominated rollover fund or RSA. Providing the Superannuation fund number (SFN) is optional. If you have a membership number for the rollover fund or RSA, please include this number. If you do not have a membership number, please list a Superannuation Product Identification Number (SPIN). You can get these details from the rollover fund or RSA. If you don't include these details, it will result in payment delays of your benefit. Please ensure your nominated rollover account(s) is active and can receive deposits from other superannuation funds. Failure to do so will result in the payment being returned to our office.

Surcharge debt

If you have a superannuation contributions surcharge debt, it will be deducted from your benefit before payment.

There are default provisions designed to be the most tax effective and beneficial option for the majority of Members. The default provisions are:

- if the Employer Benefit is converted to pension in part or full, any surcharge debt will be taken from the Employer Benefit after conversion to pension, **or**
- if the Employer Benefit is taken as a total lump sum, the debt will be taken from the employer lump sum benefit.
- You can elect that instead of the default provisions applying, the debt be deducted from:
- the employer lump sum benefit before it is converted to pension, **or**
- the Member Benefit before it is paid as a lump sum.

Proportioning

As part of the changes to super, that came into effect on 01 July 2007, proportioning rules were introduced. This means that if you have not reached your preservation age and you claim your non-preserved (ie. Pre 01 July 1999) member benefit, the payment would include both tax free and taxable components.

However, the legislation has now been changed for MSBS members with retrospective effect to 01 July 2007. This means that if you are under your preservation age, and take your pre 01 July 1999 member benefit, you can choose whether to apply all your available tax free amount against your lump sum (up to the amount of your pre 01 July 1999 benefit), or whether to apply the proportioning rules.

For further information on how your benefit is taxed it is recommended that you read the MilitarySuper booklet "Tax and your Military Super Benefit".

Tax File Number

In accordance with the **Taxation Laws Amendment (Tax File Numbers) Act 1988**, ComSuper is required to deduct PAYG tax at the Top Marginal Rate plus the Medicare levy from benefits if a person does not provide a Tax File Number (TFN).

If you have not been issued a TFN you should lodge an **Australian Taxation Office Application/Enquiry** form with the Taxation Office. Forms are available at all Taxation Offices. You must provide proof of identity at the time you lodge the form.

Tax File Declaration Form

If you claim a pension benefit please complete the Tax File Number Declaration form, available from your local Tax Office. The information you provide on this form will determine how much tax will be deducted from your pension. Please note that you can only claim the tax free threshold against one source of income.

Privacy

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

- to confirm your identity
- to assess your eligibility for payment/rollover of the benefit
- to record up to date details relating to your spouse (if applicable) for future benefit eligibility
- to pay your benefit or to roll it over
- to contact you

The MSB Board 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 38A on page 11 of the benefit application form.

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

Advice and more information

If you wish, you can seek advice from ComSuper on **1300 006 727** on your options and completion of this form.

You can also read:

- The MilitarySuper Book
- About to Leave the ADF? fact sheet
- Invalidity Benefits fact sheet
- Superannuation Contributions Surcharge fact sheet
- Taxation of Benefits fact sheet

All these publications are available on the MilitarySuper website at: **www.militarysuper.gov.au**

A Financial Advisor may also be able to assist.

Contact us

If you have any further questions about your benefit entitlements or investment options 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

Phone

1300 006 727
for the cost of a local call

Fax

(02) 6272 9617

Internet

www.militarysuper.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.

Application for Invalidity Benefits

PART A *About yourself*

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. Contact details
before discharge Home phone ()
Work phone ()
Mobile phone
Email

8. Postal address
after discharge

Residential address
after discharge

PART A

(continued)

9. Contact details **after** discharge

Home phone () _____

Work phone () _____

Mobile phone _____

Email _____

10. Your marital status Single Married De facto

Date commenced
de facto relationship

day month year

11. Spouse's details

Surname _____

Given names _____

Date of Birth _____

PART B

Exit details

12. Discharge Centre _____

Phone number () _____
(if not known, contact your Pay Office)

13. Date of Medical discharge

day month year

14. Substantive rank _____

15. Prior to this period of service, were you in receipt of:

DFRDB Pension? MSBS Pension?

Please complete Question 16 Please complete Question 21

16. Prior to this period of service, if you were in receipt of a DFRDB pension, give details of the account you want it 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 (must include your name) _____

Please complete a **Tax File Number Declaration**. This form is available from your local Tax Office. A separate declaration must be completed for **each** pension claimed.

PART C

Superannuation Contributions Surcharge

17. If you have a Superannuation Contributions Surcharge debt, it will be taken from the Employer Benefit after conversion to pension, or, if the Employer Benefit is taken as a total lump sum, the debt will be taken from the before tax employer lump sum benefit. These are the default provisions. However you can elect to have your debt deducted in a particular manner.

How do you elect to have a Superannuation Contributions Surcharge debt deducted?

- Default provisions to apply
- From the employer lump sum benefit before it is converted to pension,

or

- From the Member Benefit before it is paid as a lump sum.

PART D

Member Benefit options

18. When you claim your MSBS Benefit you may choose one of the following options for your non-preserved (ie. Pre 01 July 1999) Member Benefit.

- Option 1:**
Apply proportioning across the payment of your Pre 01 July 1999 lump sum (in the same proportions as existed in your total member benefit).

or

- Option 2:**
Apply all your available tax free component against the payment of your pre 01 July 1999 lump sum.

19. Member Benefit Payment options

- Preserve all in MSB Fund
- Rollover all
- Rollover pre 1 July 1999 component and preserve the balance
- Take all pre 1 July 1999 component as cash and preserve the balance
- Take all pre 1 July 1999 component as cash and rollover the balance

20. Choose your options for your Ancillary Benefit.

- Claim now - Please go to Question 21
- Do not claim - Please go to Part E
- Not applicable (You do not have an Ancillary Benefit) - Please go to Part E

Note: You are not entitled to a cash payment of your Ancillary Benefit before preservation age and permanent retirement from the workforce.

PART D
(continued)

21. Choose your options for your Ancillary Benefit. Please mark the box to indicate whether you would like to cash out or roll over any or all of your Ancillary Benefit types:

Ancillary Benefit Type		Cash out	Roll over
		Only if you have reached preservation age and satisfied the Condition of Release (see below)	Any time
		See Question 23	See Question 22
All types OR	100% only	<input type="checkbox"/>	<input type="checkbox"/>
i) Additional Personal Contributions	100% only	<input type="checkbox"/>	<input type="checkbox"/>
ii) Salary Sacrifice	100% only	<input type="checkbox"/>	<input type="checkbox"/>
iii) Transfer Amounts	100% only	<input type="checkbox"/>	<input type="checkbox"/>
iv) Spouse Contributions	100% only	<input type="checkbox"/>	<input type="checkbox"/>
v) Co-contributions	100% only	<input type="checkbox"/>	<input type="checkbox"/>
vi) Super Guarantee	100% only	<input type="checkbox"/>	<input type="checkbox"/>

Condition of Release to Cash Out Your Ancillary Benefit

You have reached preservation age and:

- you are less than 60 and you have permanently retired from the workforce; **or**
- you are aged 60 or more and you have permanently retired from the workforce or your current employment has ended.

22. If you are rolling over any of your Member or Ancillary Benefit

You may roll over to a maximum of two rollover funds. Unless you state otherwise, your Member and Ancillary benefit will be rolled over to the same fund/s.

Cheques will be made payable to the nominated rollover fund(s) and forwarded to the address provided below. A copy of the Rollover Benefits Statement will also be included with your benefit payment letter and sent to your nominated address.

Write the amount for each institution, except write 'BALANCE' for the last (or only) fund.

IMPORTANT: Please ensure your nominated rollover account(s) is active and able to receive deposits from other superannuation funds. Failure to do so will result in the payment being returned to our office.

Name of **first** rollover fund _____

Postal address of fund _____

Postcode _____

PART D *(continued)*

Fund Identification Number _____

Australian Business No. (ABN) _____
of rollover fund **OR**

Superannuation Fund No. (SFN) _____

Superannuation Product
Identification No. (SPIN) **OR** _____

Rollover Identification Number _____

Membership No. for fund _____

Amount \$ _____

If you would like to roll over your benefit to more than one fund, please attach the same details as above for the second fund.

- 23.** If you are taking any of your Member and/or Ancillary Benefit (subject to proportioning) as lump sum cash, give details of the account you want it 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 (must include your name) _____

PART E *Identification requirements*

- 24.** 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.

PART E
(continued)

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 or an ADF ID card	

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

- 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

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 F
*Pension payment
 details
 (if applicable)*

- 25. Prior** to this period of service, if you were in receipt of an MSBS pension or if you are classified Class A or Class B, your Employer Benefit will be paid as a **pension**. Give details of the **account** you want it 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 (must include your name) _____

Please complete the **Tax File Number Declaration**.

A separate declaration must be completed for **each** pension claimed.

PART G
*Skills, qualifications
 and experience*

- 26.** What grade/level of schooling did you complete before leaving school?

Date of leaving school _____

- 27.** What was the highest/last Public examination you passed at school?

Year of completion _____

- 28.** What tertiary study or technical training have you completed?

Year(s) of completion _____

- 29.** What professional, technical or trade qualifications did you gain?

- 30.** What tertiary study or technical training have you partially completed?

Year(s) of study _____

(If insufficient space please attach additional details)

PART H*Your pre-service
employment history***31. Include self-employment and periods of unemployment**

Name of employer _____

Employed as _____

Brief description of duties undertaken _____

Duration:

from _____
 day month yearto _____
 day month year

Name of employer _____

Employed as _____

Brief description of duties undertaken _____

Duration:

from _____
 day month yearto _____
 day month year

Name of employer _____

Employed as _____

Brief description of duties undertaken _____

Duration:

from _____
 day month yearto _____
 day month year

Name of employer _____

Employed as _____

Brief description of duties undertaken _____

Duration:

from _____
 day month yearto _____
 day month year**(If insufficient space please attach additional details)**

PART N**Department of
Defence - Authority
to provide medical
and employment
records**

39. Reference number _____

I, _____ (insert name)

of _____ (insert address)

authorise the Department of Defence to make available to the Defence Force Retirement and Death Benefits (DFRDB) Authority, the Military Superannuation and Benefits Board and/or ComSuper full records relating to my employment, training and medical history (including clinical notes and psychological records) in respect of my Defence Force service and/or advice in respect of such employment, training and medical history.

I also authorise the DFRDB Authority, the MSB Board or ComSuper to release copies of the documents obtained under this authority to appropriate medical advisers where such release is necessary for the administration of the Defence Forces Retirement Benefits Act 1948, the Defence Force Retirement and Death Benefits Act 1973 or the Military Superannuation and Benefits Act 1991.

I understand that, whilst the information will be subject to standard confidentiality requirements, the DFRDB Authority and/or the MSB Board may be obliged, under the legislative provisions that have application to it, to release the information provided, in whole or in part, to a tribunal or Court.

This authorisation is to remain in force until revoked by me in writing.

Your signature _____

Date

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

The information to be collected on the basis of this authorisation is for a lawful purpose which is necessary for, or directly related to, the administration of the *Defence Forces Retirement Benefits (DFRB) Act 1948*, the *Defence Force Retirement and Death Benefits (DFRDB) Act 1973* and the *Military Superannuation and Benefits (MSB) Act 1991*.

Any information relating to your medical history collected under this authorisation may be liable to release to other Commonwealth agencies in accordance with the disclosure provisions of the Information Privacy Principles contained in the Privacy Act 1988, in particular, to those agencies (such as the Department of Veterans' Affairs) concerned with the provision of financial benefits which may be affected by your entitlements under the DFRB Act 1948, the DFRDB Act 1973 and the MSB Act 1991. 36.

PART O**Lodgement**

40. Send your completed application and attachments to:

MilitarySuper
PO Box 22
BELCONNEN ACT 2616