

Claim for Preserved Benefit before Preservation Age (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:

- were a Member of the Military Superannuation and Benefits (MSB) Scheme
- have preserved benefits
- have not reached your superannuation preservation age, and
- wish to withdraw some or all of the preserved benefit from the MSB Fund.

Preservation ages are set out in the following table:

Date of Birth	Preservation Age
Before 1/7/1960	55
1/7/1960 – 30/6/1961	56
1/7/1961 – 30/6/1962	57
1/7/1962 – 30/6/1963	58
1/7/1963 – 30/6/1964	59
After 30/6/1964	60

Do **not** use this form if you have reached your superannuation preservation age. In that situation use Form M65.

Completing this form

Complete:

- **Part A:** About yourself
- **Part B:** Superannuation Contributions Surcharge
- **Part C:** Preserved Benefit Options
- **Part D:** Tax File Number
- **Part E:** Ancillary Benefit Options
- **Part F:** Document list (if applicable)
- **Part G:** Identification requirements
- **Part H:** Member declaration

Then lodge with MilitarySuper at the address in **Part I**.

Options

There are two components to your MSB Scheme Resignation Benefits: a Member Benefit and an 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.

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 Member's application is received by the MSB Board or its Administrator, ComSuper.

If you transferred from the Defence Force Retirement and Death Benefits (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 in the MSB Fund, any future withdrawal must be in multiples of \$10 000. There must be a minimum of six months between withdrawals.

Employer benefit

For the early release of an Employer Benefit, please complete form **ACCESS-M**.

Ancillary benefit

For the early release of an Ancillary Benefit, please complete form **MAC05**.

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**.

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. Interest will also be applied to the surcharge debt until the debt is fully paid.

In deducting the debt from your benefit, default provisions apply if you do not make an election. 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
- if the Employer Benefit is taken as a total lump sum, the debt will be taken from the employer lump sum benefit.

If you choose to make an election, the default provisions will not apply. You may elect for the surcharge debt to be deducted from:

- the Employer Benefit before it is paid as a lump sum or converted to a pension
- the Member Benefit before it is paid as a lump sum
- the Ancillary Benefit before it is paid.

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, whichever is the later.

Account name

Benefit payments can only be made to an account that is in your name. The account can be in your name alone, or in joint names. If it is a joint account one of the names must be yours.

Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, the MSB Board is required to deduct PAYG tax at the full 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.

If you claim a pension benefit please complete the Tax File Number Declaration as available from the ATO. 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.

Further information

If you wish, you can seek further information from MilitarySuper on **1300 006 727** on your options and completion of this form. You can also read:

- Product Disclosure Statement for the MSB Scheme
- The MilitarySuper Booklet
- Superannuation Contributions Surcharge leaflet
- Taxation of Lump Sums leaflet

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

A Financial Advisor may also be able to assist.

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 an independent research firm 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 this firm, please put a cross in the box at **Question 17** on **page 9** of the benefit application form.

Contact us

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

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

Mail

PO Box 22
Belconnen ACT 2616

Internet

www.militarysuper.gov.au

Phone

1300 006 727
for the cost of a local call

Email

members@enq.militarysuper.gov.au

Fax

(02) 6272 9617

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.

Claim for Preserved Benefits before Preservation Age (including Ancillary 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. Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

5. Former surname (if applicable)

6. Date of birth / /

7. Contact details

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Email address
 @

8. Postal address

POSTAL ADDRESS

SUBURB STATE POST CODE

Residential address

RESIDENTIAL ADDRESS

SUBURB STATE POST CODE

9. Date of exit / /

12. You may roll over to a maximum of two rollover funds.

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	<input type="text"/>
	<input type="text"/>
Postal address of fund	POSTAL ADDRESS <input type="text"/>
	<input type="text"/>
	SUBURB <input type="text"/> STATE <input type="text"/> POST CODE <input type="text"/>
Australian Business No. (ABN) of fund	<input type="text"/>
Superannuation Fund No. (SFN)	<input type="text"/>
Membership No. for fund	<input type="text"/>
Superannuation Product Identification No. (SPIN)	<input type="text"/>
Rollover Identification Number	<input type="text"/>
Amount	\$ <input type="text"/>

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.

13. If you are taking any of your Member Benefit as lump sum cash, give details of the account you want it paid into. The account must be in Australia.

Type of financial institution	<input type="radio"/> Savings bank	<input type="radio"/> Building Society	<input type="radio"/> Trading bank	<input type="radio"/> Credit union
Name of institution	<input type="text"/>			
	<input type="text"/>			
Branch name	<input type="text"/>			
Branch (BSB) number	<input type="text"/>	-	<input type="text"/>	
Account number	<input type="text"/>			
Account held in name(s) of (must include your name)	<input type="text"/>			
	<input type="text"/>			

PART D**Tax file number**

14. Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving us your TFN will have the following advantages (which may not otherwise apply):

- we will be able to accept all types of contributions (subject to scheme rules);
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If you have already provided your TFN to us, you are under no obligation to provide it again in this application.

Your tax file number

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Your tax file number remains confidential

PART E**Ancillary Benefit options**

15. Choose your options for your Ancillary Benefit.
- Claim now – please go to **Question 16**
- Do not claim now – please go to **Part E**
- Not applicable (You do not have an Ancillary Benefit)
– please go to **Part E**
- From any Ancillary Benefit you are claiming

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

16. Which types of Ancillary Benefit are you claiming?

Ancillary Benefit Type		Cash out See Question 17	Roll over any time See Question 18
All types	100% only	<input type="checkbox"/>	<input type="checkbox"/>
OR			
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"/>

Note: You must claim 100% of each type of Ancillary Benefit you are claiming.

Where do you want your Ancillary Benefit paid?

If you have chosen to have your Member Benefit rolled over to **one** rollover fund only under Question 16 above, and you want your Ancillary Benefit paid to the **same** rollover fund, please answer “Yes” to Question 17. Otherwise, please complete Question 18.

17. Do you want your Ancillary Benefit paid to the **same** rollover fund (one only) where your Member Benefit is being paid under **Question 15** above?
- Yes – please go to **Part F**
- No – please complete **Question 18** below

18. You may roll over to a maximum of two rollover funds.

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	<input type="text"/>																																																		
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Superannuation Fund No. (SFN)	<input type="text"/>																																																		

Please provide one of the following:

Membership No. for fund	<input type="text"/>								
Superannuation Product Identification No. (SPIN)	<input type="text"/>								
Rollover Identification Number	<input type="text"/>								
Ancillary Benefit Type	<table border="0"> <tr> <td>1.</td> <td><input type="text"/></td> </tr> <tr> <td>2.</td> <td><input type="text"/></td> </tr> <tr> <td>3.</td> <td><input type="text"/></td> </tr> <tr> <td>4.</td> <td><input type="text"/></td> </tr> </table>	1.	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>	4.	<input type="text"/>
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2.	<input type="text"/>								
3.	<input type="text"/>								
4.	<input type="text"/>								

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.

Can ComSuper give your TFN to the Rollover Fund(s)/RSA(s) nominated above?

- Yes No

PART F

Document list (if applicable)

19. If applicable, when you lodge this form, please provide the following documents:

- A copy of the Defence Force's acceptance of long service leave credit

If you joined the Defence Force before 1 July 1983, your eligible service period (for PAYG taxation purposes in respect of any lump sum payments) may include periods of employment recognised for long service leave purposes.

If such a period is not already included in your total period of effective service, you should provide details of the periods if you wish to have them included in your eligible service period. If you claim an additional period, you must attach to this application a copy of the Defence Force's acceptance of the periods for long service leave purposes.

- Certified copies of the documents required to identify you as the person entitled to the benefit.

PART G

Identification Requirements

20. To protect against fraud, safeguard your benefit and comply with the Government's 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.

Birth certificate or birth extracts are required to support all applications for children's benefits and where the person is over the age of 18 for identity purposes they must also supply a document from column A, column C or photographic ID from the school or college. Where a child is under school age the claimant must also provide a medicare card or other documentation listing both the caregiver and child.

These documents may be the same as provided to confirm the eligibility of a child of the deceased, and need to be certified.

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	For a person under the age of 18, a letter from a school principal, within three months of application, stating the name of the student, residential address and period of time the student attended the school

All copies of documents provided to MilitarySuper must be certified as true and correct copies of the original by one of the persons listed in the section **Attachment Reference** at the end of this form.

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:

1. _____
2. _____
3. _____

PART H**Member declaration**

21. I declare that:
- I have been advised to read the Product Disclosure Statement for the MSB Scheme, before completing this application form
 - I understand the options available for my benefit entitlement
 - the information I have supplied is complete and correct.

I also declare in relation to my Tax File Number (TFN) that:

- I have read and understood the information set out in **Part D** — I understand that supplying my Tax File Number is optional and that if I have not provided my Tax File Number, tax will be deducted at the highest marginal rate
- the Tax File Number I have provided is the same number advised to me by the Australian Taxation Office
- the Tax File Number will be provided to a rollover fund unless I advise you not to.

I understand that if I have not provided all the required information, this application may be returned to me for completion and payment may be delayed.

Signature and date

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 ComSuper.

PART I**Lodgement**

22. Send your completed application and attachments to:

MilitarySuper
PO Box 22
Belconnen ACT 2616

Attachment reference **Persons before whom documents may be certified**

1. A person who is currently licensed or registered under a law to practice in one of the following occupations:

Occupations

- Chiropractor
- Dentist
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon
- Legal Practitioner

2. A person who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia, as a legal practitioner (however described)

3. **A person who is in the following list**

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- Authorised representative or officer of an Australian Financial Services licensee, having 2 or more years of continuous service with one or more licensee
- Bailiff
- Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 2 or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
- Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 2 or more years of continuous service
- Statutory Office holder not otherwise listed

Attachment reference (continued)

- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - (a) an officer; or
 - (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 2 or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority;
 with 2 or more years of continuous service who is not specified in another item in this Part
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy