

Application for Child's Benefits (including Ancillary Benefits)

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?

This form should be completed by, or on behalf of, **an eligible child where a Member, former Member or pensioner of the Military Superannuation and Benefits (MSB) Scheme dies and is not survived by an eligible spouse.**

For the definition of an eligible child please contact ComSuper or MilitarySuper's website at www.militarysuper.gov.au.

Completing this form

Complete:

- Part A: About the deceased
- Part B: About the child
- Part C: About the person claiming the benefit
- Part D: Full-time student details
- Part E: Identification requirements
- Part F: Payment details
- Part G: Document list
- Part H: Tax File Number
- Part I: Applicant declaration

Then lodge with MilitarySuper at the address in Part J.

Ancillary Benefit

The lump sum benefit will include an Ancillary Benefit if any of the following amounts were paid into the deceased person's 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 the deceased person's partner into the deceased's MilitarySuper account)
5. Co-Contributions
6. Super Guarantee amounts

The Ancillary Benefit is payable as a cash lump sum only.
There is no pension or rollover option.

Surcharge debt

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

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 highest marginal tax rate plus 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.

Taxation matters

Lump sums paid to dependants on the death of a Member are not considered to be Superannuation Lump Sum Payments for the purposes of the taxation legislation.

Any pension that is paid is taxed as income.

Payment

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

Further information

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

- Product Disclosure Statement
- Death and Dependants' Benefits Fact Sheet
- Superannuation Contributions Surcharge Fact Sheet
- Fact Sheets on each Ancillary Benefit type

All these publications are available on the MilitarySuper website at: 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 of the benefit
- to pay your benefit
- 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 23A on page 7 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 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 <i>for the cost of a local call</i> MSBS: 1300 006 727	Fax (02) 6272 9616	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

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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. Date of birth _____
day month year

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

PART B

About the child

7. Title _____

Surname _____

Given names _____

8. Sex Male Female

9. Date of birth _____
(Please attach a copy of the full birth certificate)
day month year

10. What is the Child's relationship to the deceased? _____

PART C

About the person claiming the benefit. AML/CTF legislation requires us to verify the ID of the payee. Therefore if the child's guardian is receiving payment on the child's behalf we must receive the guardians ID documents as listed in Part E. If the child is over 18 years of age, payment will be made directly to the child. ID requirements for a child are also listed in Part E. Of course, we will also require documentation for the child to determine eligibility for the benefit.

12. Title _____

Surname _____

Given names _____

13. Is the child living with you on a permanent basis?

No Yes

14. Are you also acting as the personal representative of the estate?

No - Name of personal representative (below)

Postal address of personal representative (below)

Postcode _____

Yes - Please also complete a Form DM90 (Application for Estate Benefits)

15. Date of birth _____

_	_
_	_
_	_
 day month year

16. Postal address of applicant _____

Postcode _____

Residential address of applicant _____

Postcode _____

17. Contact details

Home phone (|_|_|) |_|_|_|_|_|_|_|_|_|_|

Work phone (|_|_|) |_|_|_|_|_|_|_|_|_|_|

Mobile phone |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Email _____

PART E

Identification requirements

19. 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	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

PART E

(continued)

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

Payment details

20. 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 G

Document list

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

- Death Certificate
- Child's Full Birth Certificate(s)
- Medicare Levy Variation Declaration** (if you are claiming a Medicare Levy exemption against a pension entitlement) – the form is available from your local Taxation Office.
- Other** (please specify below)

PART H Tax File Number

- 22.** 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 ComSuper, you are under no obligation to provide it again in this application.

Your Tax File Number:

Your Tax File Number remains confidential

PART I Applicant declaration

- 23.** 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 H — I understand that supplying my TFN is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal rate
- the TFN I have provided is the same number advised to me by the Australian Taxation Office
- the TFN 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.

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 J Lodgement

- 24.** Send your completed application and attachments to:

MilitarySuper
 P.O. Box 22
 BELCONNEN ACT 2616