

Election to pay Member contributions in respect of a period of Leave Without Pay (LWOP)

Who should use this form?

MSBS Members who proceed on LWOP for more than 21 days where contributions are permitted and who wish to elect to pay contributions for part or all of the LWOP. Information about contributing while on LWOP is available on the Publications section of the MilitarySuper website.

More information

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

You can also read:

- **The Product Disclosure Statement**
- **The MilitarySuper Book**
- **Leave Without Pay Provisions fact sheet (MBo7).**

These publications are available from the MilitarySuper website at www.militarysuper.gov.au.

A Financial Advisor may also be able to assist.

Privacy

The Board and our administrator, ComSuper, are committed to protecting any information you give us. Your information will be used to send you news about your superannuation and to contact you if we need to in the future.

Your information will not be used for any other purpose or disclosed to another party, unless:

- you authorise us to do so
- it is required by law
- 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 **Part E** on **page 3**.

Important information

This form must be submitted to ComSuper prior to the period of LWOP ceasing.

For more information regarding the impact of LWOP on continuity of service for retention benefit purposes please see the Leave Without Pay Provisions fact sheet (**MBo7**).

On lodgement of application, please provide a copy of your approved ADF leave application.

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PART A

About yourself

1. Service Navy Army RAAF

2. Service number/Employee ID

3. Full name of MSBS Member

GIVEN NAME(S)

SURNAME

4. Postal address

POSTAL ADDRESS

SUBURB STATE POST CODE

5. Contact phone number

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

6. Email address

 @

PART B

LWOP details

7. Period of LWOP granted / / to / /

8. Type of LWOP granted

- Maternity or parental
- Compassionate
- Temporary incapacity
- Full time employment approved by the Defence Force*
- Accompanying a Defence Force spouse on a Defence Force posting
- Approved education, training, or other activity relevant to Defence Force requirements.

*In the case of employment LWOP you should obtain from your pay office a copy of form ML1 Advice to MSBS Member Proceeding on LWOP for Full-time Employment and LWOP Employer Agreement. If your LWOP employer agrees to pay the MSBS notional employer contribution, a form ML2 Employment LWOP Remittance Advice should also be completed and forwarded to ComSuper. These forms are available from the MilitarySuper website.

9. Please indicate the period you will pay Member contributions into the MSB fund during this LWOP.

I elect to pay **Member contributions** for

The **whole period of LWOP**

part of the period of LWOP from

D		D		/	M		M		/	Y		Y		Y		Y		to	D		D		/	M		M		/	Y		Y		Y		Y	
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PART C

Statement

10. I understand that the MSBS rules permit me to revoke this election at any time three months after it is made, and that if a revocation is made at any time three months after this election, it will take effect from the first payday following the date of the revocation.

Your signature

SIGNATURE

Date signed

D		D		/	M		M		/	Y		Y		Y		Y	
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PART D

Attachments

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

- Copy of the approved ADF leave application for LWOP** – if the LWOP is approved for parental (maternity/paternity), accompanying spouse or compassionate leave.
- Advice that LWOP approved as relevant to Defence Force requirements** – if the LWOP is to undertake further education, training, or engage in some other activity relevant to Defence Force requirements send MilitarySuper an advice to this effect.
- Higher Duties Allowance (HDA) Advice** – if you are in receipt of HDA immediately before LWOP commences and would have continued to receive HDA for the entire LWOP period had you not proceeded on LWOP, send MilitarySuper an advice to this effect.
- Copy of the approval to engage in employment whilst on LWOP**—if the LWOP is approved from the Department of Defence to engage in full-time employment.

PART E

Privacy

12. 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 F

Lodgement

Note: A photocopy of this election should be provided to your pay office.

Send the completed application and attachments to:

Mail:
 MilitarySuper
 PO Box 22
 BELCONNEN ACT 2616

or Fax:
 (02) 6272 9803

END FORM

DISCLAIMER 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.