



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

Review of Student Pension

Dear Sir/Madam

Under the rules of the Commonwealth and Military Superannuation Schemes, a student pension is payable to an eligible child of a deceased member between the age of 16 and 25 years, if the child is receiving full-time education at a school, college or university, and is not ordinarily engaged in employment. A pension is not payable if the student changes from full-time to part-time study.

The student named below is either over 16 or will be turning 16 during the coming year. Please complete this form and return it to: ComSuper, PO Box 22, Belconnen ACT 2616.

Privacy

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

- to confirm your child's identity
- to assess your child's eligibility for payment of the benefit
- to pay your child's benefit.

The MSB Board, DFRDB Authority and ComSuper are committed to protecting any personal information we hold about you or your child. This 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 child's 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.

PART A

About the student

1. ComSuper Reference number

Salutation

Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth

^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Is the student named above engaged in full-time employment (excluding school holidays and semester breaks)?

- Yes
 No

Is the student named above undertaking a cadetship, traineeship or apprenticeship?

- Yes
 No

PART B

Banking details

2. Please confirm the following details:

Type of institution Building society Credit union Bank

Name of institution

Name of account holder(s)

Branch name

Branch (BSB) number

Account number

Phone number

PART C

Education details

3. Name of school/college/university

Address of school/college/university

Address

Suburb State Post code

Type of course (e.g. HSC, degree)

Duration of course for this academic year

from

to

Stamp of school/college/university

Stamp or school/college/university

I certify that this student, whose date of birth is

and address is recorded as

Residential address

Suburb State Post code

is undertaking full-time study.

Principal/Registrar signature

Date signed

PART D

Declaration

4. I declare the above to be true and correct to the best of my knowledge:

YOUR SIGNATURE

Date signed

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

Contact details

The DFRDB and MSBS are administered by ComSuper:

Visit

Unit 4 Cameron Offices
Chandler Street
Belconnen ACT 2617

Mail

PO Box 22
Belconnen ACT 2616

Email

Members@dfrdb.gov.au
Members@enq.militarysuper.gov.au

Phone

1300 001 677
(for the cost of a
local call)

Fax

(02) 6272 9616

Internet

www.dfrdb.gov.au
www.militarysuper.gov.au

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.
