

Australian Government

Commonwealth Superannuation Corporation

Military Super Military Superannuation & Benefits Scheme

M40 08/14	Application for Invalidity Benefits
Who should use this form?	Use this form if you are a member of the Military Superannuation and Benefits Scheme (MilitarySuper) 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 your discharge procedures.
Options	Before completing this benefit application form you are advised to read the MilitarySuper Product Disclosure Statement (PDS) available from the MilitarySuper website at militarysuper.gov.au, or by phoning 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 factsheet.
	There are two components to your Benefit: Employer Benefit and Member Benefit. You may also have a third component, an Ancillary Benefit.
	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 to access your Employer Benefit – it must be preserved in MilitarySuper until you reach at least age 55. Your Employer benefit can be paid out earlier in some limited circumstances (eg severe financial hardship, specified grounds). For further details please see the Early Access to your superannuation benefits factsheet available from the MilitarySuper website.
	Member Benefit
	Your Member Benefit consists of the number of units you hold in MilitarySuper 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 member's application is received by us.
	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 MilitarySuper
	the post 30 June 1999 component must be preserved in MilitarySuper or rolled over to another Fund until you reach your preservation age and retire from the workforce.
	If you preserve any of your pre 1 July 1999 component with MilitarySuper, any future withdrawal must be in multiples of \$10,000. There must be a minimum of six months between withdrawals.

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

application, whichever is the later.

7) Low Income Superannuation Contributions (LISC)

You may rollover your Ancillary Benefit at any time. The Ancillary Benefit may be cashed out once you have reached your superannuation preservation age and:

- if you are less than 60 you have permanently retired from the workforce
- 10
 - if you are aged 60 or more you have permanently retired from the workforce or your current employment has ended.

Lump sum and rollover payments 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

Payment

Rollover fund nominations

If you are choosing to rollover part of your benefit, it must be paid to a complying superannuation fund, rollover fund or 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 RSAs 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 payments directly to your nominated rollover 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. If you have a membership number (known as your Member Client Identifier) and a Unique Superannuation Identifier (USI) for the rollover fund or RSA, please include these numbers. If you do not have these details, you can get them 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. 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
- or
- > if the Employer Benefit is taken as a total lump sum, before tax the debt will be taken from the Employer Lump Sum Benefit.

Alternatively 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
- or
 - > the Ancillary Benefit before it is paid as a lump sum.

•••••••••••••••••••••••••••••••••••••••	
Proportioning	If you have not reached your preservation age and you claim your non-preserved (ie pre 01 July 1999) member benefit, the payment would normally include both tax free and taxable components. However, you can choose to apply all your available tax free amount against your lump sum (up to the amount of your pre 01 July 1999 benefit). For further information on how your benefit is taxed it is recommended that you read the Tax and your MilitarySuper booklet available from militarysuper.gov.au
Tax file number	In accordance with the <i>Taxation Laws Amendment (Tax File Numbers) Act 1988</i> , we are 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).
	We are required to validate your Tax File Number (TFN) with the ATO's records to confirm the TFN provided is yours and is correct. Your TFN can be validated using the SuperTICK validation service at any time during your MilitarySuper membership and must be validated before your benefit can be rolled over to another fund. If you do not provide your TFN, the processing of your benefit payment may be delayed.
	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 are eligible to 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	We're 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.
	Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via militarysuper.gov.au or by contacting us on 1300 006 727 , for the purpose of managing your super. This includes the management of superannuation investments, providing superannuation products and information, the administration of accounts, conducting market research and product development. The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.
Advice and	If you wish, you can seek advice from MilitarySuper on 1300 006 727 on your options and completion of this form.
more information	We must provide you with any information you need to understand your benefit entitlements.
	You can also read:
	> MilitarySuper PDS
	> About to Leave the ADF? factsheet
	> Invalidity Benefits factsheet
	> Superannuation Contributions Surcharge factsheet
	 Superannuation Contributions Surcharge factsheet All these publications are available on the MilitarySuper website at militarysuper.gov.au

Contact us

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

Mail

Phone

GPO Box 2252 Canberra ACT 2601

for the cost of a local call

1300 006 727

Email members@enq.militarysuper.gov.au Fax (02) 6272 9617

Internet militarysuper.gov.au



Commonwealth Superannuation Corporation



Military Superannuation & Benefits Scheme

M40

PART A

08/14

Application for Invalidity Benefits

About yourself

1.	Service	🔿 Navy	Army	
2.	Service number			
	PMKEYS Number			
3.	Salutation	◯ Mr ◯ Mrs	◯ Ms ◯ Miss	Other
	Surname			
	Given name(s)			
4.	Former surname (if applicable)			
5.	Date of birth	D D M M	Y Y Y Y	
6.	Contact details before discharge	BUSINESS HOURS		
		AFTER HOURS		
		EMAIL ADDRESS		
		@		
7.	Postal address	POSTAL ADDRESS		
,	before discharge			
		SUBURB		STATE POSTCODE
	Residential address	RESIDENTIAL ADDRESS		
	before discharge			
		SUBURB		STATE POSTCODE

Part A continued next page

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. 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 consult a licensed financial advisor. You should obtain a copy of the MilitarySuper Product Disclosure Statement and consider its contents before making any decision regarding your super. Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: 10001397 Trustee of the Military Superannuation and Benefits Scheme (MilitarySuper) ABN: 50 925 523 120 RSE: R1000306

8.	Postal address	POSTAL ADDRESS
0.	after discharge	
		SUBURB STATE POSTCODE
	Residential address	RESIDENTIAL ADDRESS
	after discharge	
		SUBURB POSTCODE
9.	Contact details	BUSINESS HOURS
).	after discharge	
	Would you like to receive	an SMS to confirm we have received your application?
		🔿 Yes 💫 No
		EMAIL ADDRESS
	Email address	
10.	Your marital status	◯ Single
		O Married
		\bigcirc Couple relationship (including same sex couple relationship)
		Date of marriage or couple relationship commencement:
11.	Spouse's surname	
	Spouse's given name(s)	
	Spouse s given name(s)	
	Spouse's date of birth	
	Spouse's date of bitti	
,		
	Exit Details	
12.	Discharge centre	
	Phone number	
		If not known, contact your Pay Office

13. Date of Medical discharge

PART B

14. Substantive rank

*If your discharge date changes please notify MilitarySuper ASAP.

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PART C

Superannuation Contributions Surcharge

15. Any surcharge debt remaining when a benefit becomes payable, whether in cash or by transfer/rollover to another fund, will be deducted from the MilitarySuper benefit payable.

If you have a Superannuation Contributions Surcharge debt, you will need to elect how it will be paid. The default provisions are that it can 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

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

- O Default provisions to apply
- $igcar{}$ From the Employer Lump Sum Benefit before it is converted to pension,
- ig) From your Ancillary Benefit, if any
- or
- \bigcirc From the Member Benefit before it is paid as a lump sum

PART D

Pension payment details (if applicable)

16. 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 of financial institution	○ Savings bank ○ Building ○ Trading bank ○ Credit union society
Name of institution	
Branch location	
Branch (BSB) number	
Account number	
Account in name(s) of (must include	
your name)	

Please complete the Tax File Number Declaration.

PART E

Member Benefit options

17. When you claim your MilitarySuper Benefit you may choose one of the following options for your non-preserved (ie pre o1 July 1999) Member Benefit.

🔾 Option 1

Apply proportioning across the payment of your pre o1 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 o1 July 1999 lump sum.

- 18. Member Benefit Payment options
- O Preserve all in MilitarySuper
- 🔘 Rollover all
- O 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

Note: Depending on your election you will need to complete Question 20 and/or Question 21

PART F

Ancillary Benefit options

19. Please indicate whether you would like to cash out or roll over any or all of your ancillary types, noting that **you can only cash out if you have satisfied the Condition of Release**.

The Condition of Release is that you have reached preservation age and:

> have permanently retired from the workforce

or

> your current employment has ended.

Claim now – Fill out the table below

- O Do not claim Go to Part G
- Not applicable (you don't have an ancillary benefit) Go to **Part G**

Anc	illary benefit type		Cash out (only available if you have satisfied the Condition of Release)	Roll over any time
All t	ypes	100% only		
			O	2
i)	Additional personal contributions	100% only		
ii)	Salary sacrifice	100% only		
iii)	Transfer amounts	100% only		
iv)	Spouse contributions	100% only		
v)	Co-contributions	100% only		
vi)	Super guarantee	100% only		
vii)	Low income contributions	100% only		

Roll over

If you are rolling over any of your Member or Ancillary Benefit: 20.

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.

Payments will be made directly to the nominated rollover fund(s). 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	POSTA		S								
	SUBUR	B					STATE		POST	CODE	
Australian Business No. (ABN) of fund											
Membership No. (known as your Member Client Identifier) for fund											
Unique Superannuation Identifier (USI)											
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.

Refer to Rollover fund nominations instructions on page 2.

Cash

If you are taking any of your Member and/or Ancillary Benefit as lump sum cash, give details of the 21. account you want it paid into. The account must be in Australia.

Type of financial institution	O Bank	Building society	Credit union	
Name of institution				
Branch location				
Branch (BSB) number	-			
Account number				
Account in name(s) of				
(must include your name)				

PART G

Identification Requirements

To protect your benefit against fraud, money laundering and terrorism financing, under the Anti-Money 22. Laundering and Counter-Terrorism Financing Act 2006 you must prove your identity. To do this you can either: Choose to have documents verified electronically by completing the section Verify my identity electronically.

OR

Provide certified hard copy documents by completing the section Verify my identity using certified documents.

An electronic copy of documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purposes of confirming your identity.

Verify my identity electronically

Your documents will be verified electronically using Document Verification Service (DVS), a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.

I agree to the use of DVS to verify my documents

You need to provide the requested details of documents (exactly as they appear on the documents) which total at least 100 points. For example your birth certificate and driver's licence total 110 points.

70 points

You can only provide the details of one document valued at 70 points.

Australian Birth Certificate

Family name:																
ſ																
Given name(s):																
Birth date:	D	D	/ [M	M	/	Y	Y	Y	Y						
Registration State:																
Registration No:																
Registration date:	D	D	/	м	м	/	Y	Y	Y	Y						
Date printed:	D	D	/ [M	M	/	Y	Y	Y	Y						
Certificate No:																

Note that if you do not agree, you will need to provide certified hard copy documents and complete the section 'Verify my identity using certified documents.'

OR

Australian Citizenship Certificate

D	D	/ [M	M	/	Y	Y	Y	Y]					
D	D	/ [M	M	/	Y	Y	Y	Y]					

OR

Current Australian Passpor	t
Family name:	
Given name(s):	
Date of birth:	D D M M Y Y Y Y
Document No:	
Gender:	O Male O Female

40 points

Australian Driver's Licence or another licence or permit issued under a law of the Commonwealth, a state or territory

Family name:																
Given name:																
Middle name:																
Date of birth:	D	D	/	M	M	/	Y	Y	Y	Y						
Licence No:																
State of issue:																

Part G continued next page

25 points

You can provide the details of more than one document valued at 25 points and points will accumulate.

Marriage Certificate or Change of Name Certificate

Type of Certificate	○ Marriage					Change of Name															
Family name (new):																					
Given name(s) (new):																					
Family name (old):																					
Given name(s) (old):																					
Date of event: (Date of Birth or Date of Marriage)	D	D	/	M	M] /	Y	Y	Y	Y											
Registration No:																					
Spouse's Family name:																					
Spouse's Given name(s):																					
]									1				1	1	1		
Registration State:	D	D		M	м		Y	Y	Y	Y											
Registration date:			/			/															
Registration year:																					
Date printed:	D	D	/	M	М	/	Y	Y	Y	Y											
Certificate No:																					
Medicare Card																					
Card No:]									
Reference No:																					
Family name:																					
Given name(s):																					
Card colour:	\bigcirc	Gre	en			0	Blue	e			0	Yell	low				1		1		
Expiry date:	D	D	/	M	M	/	Y	Y	Y	Y											

Part G continued next page

Note that if you have completed the section 'Verify my identity electronically', you do not need to complete this section and can go to Part H.

Examples

Your birth certificate + driver's licence = 110 points 🗸

Your current passport + Medicare card + marriage certificate = 120 points v

Your birth certificate + Medicare card = 95 points 🗶

Verify my identity using certified documents

I wish to verify my identity using certified documents

You need to provide clear and legible, validly certified documents, as outlined below, which total at least 100 points.

70 points (you can only provide one certified document valued at 70 points)

- Australian birth certificate >
- Australian citizenship certificate >
- Σ Current Australian passport
- Birth card issued by the NSW Registry of Births, Deaths and Marriages
- Another document of identity having the same characteristics as a passport (eg diplomatic documents or some documents issued to refugees)

40 points

- 5 Australian driver's licence or another licence or permit issued under a law of the Commonwealth, a state or territory
- Student ID card issued by a tertiary education institution s
- Identification card issued by the Commonwealth, a state or territory as evidence of your entitlement to a financial benefit
- ADF ID card/pass
- Identification card issued to a public employee

You can provide more than one of these documents, but only one will be valued at 40 points. Additional documents will only be valued at 25 points each.

25 points

- > Marriage certificate (for maiden name)
- Σ Medicare card
- Change of name certificate
- Credit card (one per financial institution)
- Rates notice
- Telephone account
- Foreign driver's licence

You can provide more than one of these documents and points will accumulate. 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.

Certifying your documents

The following sample of certifying authorities can certify your documents:

- Justice of the Peace (JP) >
- Pharmacist
- Police officer >
- Medical practitioner >
- Legal practitioner enrolled on the roll of a supreme court or the High Court of Australia >
- Bank officer with two or more continuous years of service >
- > Permanent employee of Australia Post with two or more years of continuous service
- Member of the Australian Defence Force who is: >
 - > an officer or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service; or
 - a warrant officer within the meaning of that Act

For a full list of certifying authorities refer to the Statutory Declarations Regulations 1993 available at comlaw.gov.au

Part G continued next page

The certifying authority must confirm in writing that you are the valid holder of the identification that you are presenting and that any copies are true copies of the original. The certification must include the name, address, occupation, telephone number, registration number of the certifying authority (if applicable) and the date of the certification.

If you live overseas and need to have documents certified or make a statutory declaration, it needs to be done by a person who is on a list of persons before whom a statutory declaration may be made and who has a connection to Australia. For example a doctor who is registered in Australia and working overseas or an Australian Consular Officer. Refer to **ag.gov.au** and **dfat.gov.au** for more information.

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PART H

Pre-service skills, qualifications and experience

23.	What grade/level of schooling did you complete before leaving school?	
	Date of leaving school	
24.	What was the highest/ last public examination you passed at school?	Y Y Y Y Y Y <t< td=""></t<>
25.	What tertiary study or technical training have you completed?	v v v v V V V V V <t< td=""></t<>
		Y Y Y Y Y Y <t< td=""></t<>
26.	What professional, technical or trade qualifications did you gain?	
27.	What tertiary study or technical training have you partially completed? Year(s) of study	

If insufficient space please attach additional details.

PART I

Your pre-service employment history

Include self-employment an	a pe	inoc	15 0	i un	emp	JIOy	mer	π		_					_						
Name of employer																					
Employed as																					
Brief description of duties undertaken																					
Duration	D	D	/	M	M	/	Y	Y	Y	Y	to	D	D	/	M	M	/	Y	Y	Y	Y
Name of employer																					
Employed as																					
Brief description of duties undertaken																					
Duration	D	D	/	M	M	/	Y	Y	Y	Y	to	D	D	/	M	M	/	Y	Y	Y	Y
Name of employer																					
Employed as																					
Brief description of																					
duties undertaken																					
Duration	D	D	/	M	M	/	Y	Y	Y	Y	to	D	D	/	M	M	/	Y	Y	Y	Y
Name of employer																					
Employed as																					
Brief description of duties undertaken																					
	D	D		M	M		Y	Y	Y	Y		D	D		M	M		Y	Y	Y	Y
Duration			/			/					to			/			/				
Name of employer																					
Employed as																					
Brief description of duties undertaken																					
Duration	D	D	/	M	M	/	Y	Y	Y	Y	to	D	D	/	M	M	/	Y	Y	Y	Y

28.

If insufficient space please attach additional details.

PART J

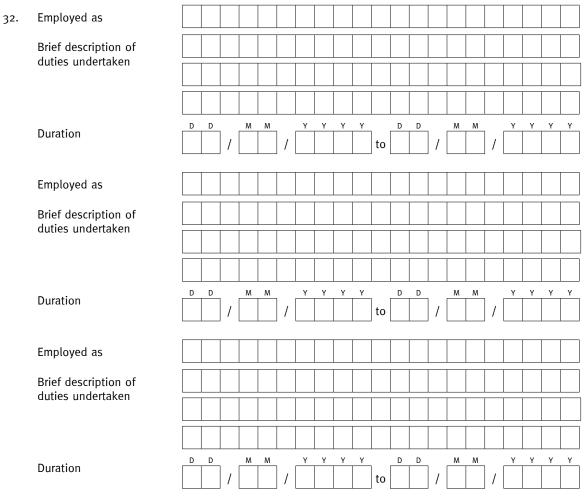
In-service education and training

29.	What education on													
	trade course have you completed?													
	Year(s) of completion	Y	Y	Y	Y								 	
30.	What professional, technical or trade qualifications did you gain?													
31.	What education on trade course have you													
	partially completed?													
	Year(s) of study	Y	Y	Y	Y						 			

If insufficient space please attach additional details or attach information obtained from service records.

PART K

In service employment history



Part K continued next page

Employed as																					
Brief description of duties undertaken																					
duties undertaken																					
Duration	D	D		м	м		Y	Y	Y	Y		D	D		м	м		Y	Y	Y	Y
Duration			/			/					to			/			/				

If insufficient space please attach additional details or attach information obtained from service records.

PART L

Tax File Number

33. 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.

We are required to validate your Tax File Number (TFN) with the ATO's records to confirm the TFN provided is yours and is correct. Your TFN can be validated using the SuperTICK validation service at any time during your MilitarySuper membership and must be validated before your benefit can be rolled over to another fund. If you do not provide your TFN, the processing of your benefit payment may be delayed.

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
- > 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

>



Your Tax File Number remains confidential

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

🔾 Yes 🛛 🔾 No

PART M

Document checklist

34. 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 PAYE 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.

- 🔘 A Marriage Certificate or Registered Relationship Certificate.
- 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.

- Print from Department of Defence showing In-service Education Training (you must provide this document if possible).
- Print from Department of Defence showing In-service Employment History (you must provide this document if possible).
- Certified copies of documents requested to prove your identity

PART N

Member declaration

- 35. I declare that:
 - > the information I have provided is true and correct to the best of my knowledge
 - I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents
 - I have been advised to read the MilitarySuper PDS before completing this application form
 - I understand the options available for my benefit entitlement.

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

- I have read and understood the information set out in Part L 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

IGNATURE	Dat	e sig	gne	d						
	D	D		М	Μ		Y	Υ	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 MilitarySuper.

PART O

Department of Defence – Authority to provide medical and employment records

36.	Service number/ Employee ID																	
		GIVE	N NAN	AE(S)			 					 			 			
	Ι,																	
															í I			
		SURN	IAME				 					 			 			
	- f	RESIE	DENTI	AL AD	DRES	s	 								 			
	of																	
			1	1			1		1	1	1							
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authorise the Department of Defence to make available to the Commonwealth Superannuation Corporation (CSC) and/or MilitarySuper 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 CSC or MilitarySuper to release copies of the documents obtained under this authority to appropriate medical advisers where such release is necessary for the administration of the *Military Superannuation and Benefits Act 1991*.

I understand that, whilst the information will be subject to standard confidentiality requirements, CSC and/or MilitarySuper 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.

Signature and date





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 *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 *MSB Act 1991*.

PART P

Lodgement

37. Post your completed original application and attachments to:

MilitarySuper GPO Box 2252 Canberra ACT 2601

END FORM

