

Commonwealth Superannuation Corporation

Military Super Military Superannuation & Benefits Scheme

A90 **Application for Estate Benefits** 07/15 on death of an Associate This form should be completed if you are claiming a benefit in respect of a deceased Associate of Who should use MilitarySuper who is not survived by an eligible spouse, child or children. this form? The deceased's benefit may consist of one or both of the following: Associate A and Associate A benefit - is a taxed benefit that is held for a person as units in one or more Investment Associate B benefits Divisions in MilitarySuper. Associate B benefit – is an untaxed benefit that is indexed annually at the long-term bond rate. Lump sum payments are normally paid within 15 working days after the date the Delegate approves Payment an application. There is no pension option available. Rollover cheques are normally paid within 15 working days after the date we receive all necessary documentation to enable us to process your application. For more information If you wish, you can seek further information on your options and completion of this form from us on 1300 006 727. You can also read the MilitarySuper Product Disclosure Statement (PDS) available at militarysuper.gov.au A Financial Advisor may also be able to assist. Personal information that you or a third party provide, such as your employer, is collected, held, Privacy used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available at 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.

You do not need to return this page with your form.

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 (PDS)** and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 Trustee of the Military Superannuation and Benefits Scheme (MilitarySuper) ABN: 50 925 523 120 RSE: R1000306

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Australian Government

Commonwealth Superannuation Corporation



& Benefits Scheme

Application for Estate Benefits on death of an Associate

PART A

A90

07/15

About the deceased

1.	Service	\bigcirc	Navy	y				С	Ar	my				() f	RAA	F				
	Service number/Employee ID																				
2.	Title	\bigcirc	Mr		\bigcirc	Mrs		С) Ms	5	$\left(\right)$) n	liss	($\supset 0$	Othe	er				
	Surname																				
	Given name(s)																				
3.	Former surname (if applicable)																				
4.	Date of birth	D	D	/ [M	M	/	Y	Y	Y	Y										
5.	Date of death	D Pleas	D D Se atta	/ [M a cert	M	/	Y y of t	Y the d	Y eath	Y certi	ficate	e or f	forwa	ırd la	ıter v	vhen	avail	able.		

PART B

Your details

6.	Title	◯ Mr	◯ Mrs	◯ Ms	◯ Miss	Other	
7.	Surname						
8.	Given name(s)						
9.	Date of birth	D D	м м []/	Y Y Y	Y		
10.	Postal address						
		SUBURB				STATE	POSTCODE
	Residential address						
		SUBURB				STATE	POSTCODE

Part B continued on next page

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11. Was the deceased married, or living with a person of the opposite sex?

	⊖ Yes		
	◯ No		
Person's name			
Person's address			
	SUBURB	STATE	POSTCODE

12. Did the deceased have any children under age 25?

	\bigcirc	Yes											
	\bigcirc I	No											
Child's name													
Guardian's name													
Child's/Guardian's address													
aduress													
	SUBUR	RB						STATI	Ξ		POST	CODE	

If there is more than one child/guardian, please attach another sheet with these details.

PART C

About the person handling the affairs of the Estate

13.	Name																	
14.	Firm name (if applicable)																	
15.	Date of birth	DI) /	M	M] /	Y	Y	Y	Y]							
16.	Postal address																	
		SUBURB										 	STAT	E		POST	CODE	
	Residential address																	
		SUBURB											STAT	E		POST	CODE	
	Contact dataila	BUSINES	SS HOU	RS														
17.	Contact details																	
		AFTER H	IOURS								r							
		MOBILE	NUMB	R]													
		FAX NUI	MBER]													

The person handling the affairs of the Estate is required to provide identification details which **total at least 100 points** in accordance with **Part F**. Please note that beneficiaries who are entitled to 25% or more of the Estate are also required to provide identification details which **total at least 100 points** in accordance with **Part F**. Please attach multiple copies of **Part F** with required attachments (if any) and information.

PART D

About the Estate

18. Did the deceased leave a Wi	ll?
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• Yes – go to Question 22

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🔿 No
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19. Is it intended to take out Letters of Administration?

 \bigcirc Yes – please forward a copy when available, go to **Part F**

No – go to Part E

20. Is it intended to take out Probate?

 \bigcirc Yes – please forward a copy when available, go to **Part E**

No – go to Question 23

21. Were other beneficiaries nominated in the Will?

Yes – go to Question 24

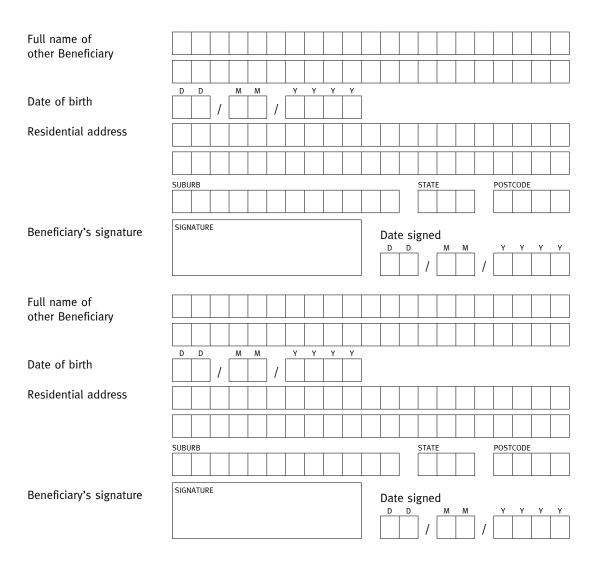
○ No – go to Part F

22. Please ensure all other beneficiaries (over age 18) sign.

I hereby agree to payment of the amount due to the Estate be forwarded to the person shown at **Question 13** and where I am entitled to 25% or more of the Estate. I have provided identification details which **total at least 100 points** in accordance with **Part F**.

Full name of other Beneficiary																					
	D	D	1	М	М	1	Y	Y	Y	Y											
Date of birth			/			/															
Residential address																					
	SUBL	JRB												STAT	E			POST	CODE		
]								
Beneficiary's signature	SIGN	IATUR	E									Dat	e si	gne	d M	м		Y	Y	Y	Y
] /			/				
F 11 F							1														
Full name of other Beneficiary																					
Date of birth	D	D	1	М	м	1	Y	Y	Y	Y	1										
Date of birth] /			/															
Residential address																					
	SUBL	JRB		I		1								STAT	E			POST	CODE		
	SUBL	IRB]	STAT	E			POST	CODE		
Beneficiary's signature		IRB	E									Dat]			M		POST	CODE Y	Y	Y

Part D continued on next page



If there are more than three other beneficiaries, please attach another sheet with these details. Please attach multiple copies of **Part F** with required attachments (if any) and information.

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PART E Payment details

- r dyment details
- 23. Please provide details of the account you want the benefit paid into. The account must be in Australia.

Type of financial institution	○ Savings bank ○ Building Society ○ Trading bank ○ Credit union
Name of institution	
Name of account holder	
Branch location	
Branch (BSB) number	
Account number	

PART F

Identification requirements

To protect your benefit against fraud, money laundering and terrorism financing, under the Anti-Money 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

24.

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:																
Given name(s):																
Birth date:	D	D] /	M	M	/	Y	Y	Y	Y						
Registration State:																
Registration No:]				
Registration date:	D	D] /	M	M	/	Y	Y	Y	Y						
Date printed:	D	D] /	M	М	/	Y	Y	Y	Y						
Certificate No:]				
OR																
Australian Citizenship Certif	icate	9														
Family name:																
Given name(s):																
Date of birth:	D	D] /	M	M	/	Y	Y	Y	Y						
Stock No:]				
Acquisition date:	D	D] /	M	M	/	Y	Y	Y	Y						

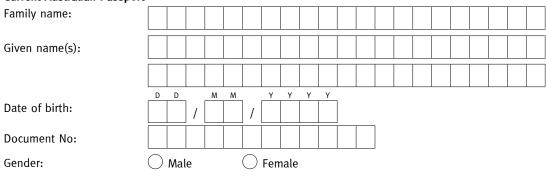
Part F continued on next page

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.'

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OR

Current Australian Passport



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:

Licence No:

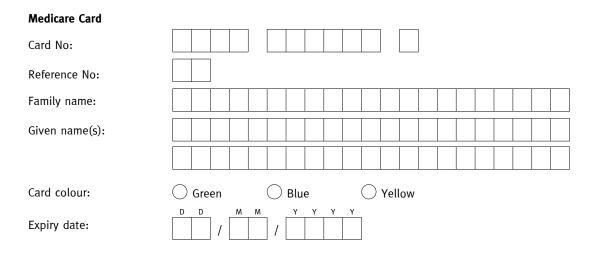
State of issue:

D	D	1	M	М	1	Y	Y	Y	Y	1					
] /] /										
]				
											J				
			1												

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	O Marriage O 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)		
Registration No:		
Spouse's Family name:		
Spouse's Given name(s):		
Registration State:		
Registration date:		
Registration year:		
Date printed:		
Certificate No:		
	Part F continued on next page 8 of	11



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
- > 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

- > 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
- > 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)
- > 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.

Examples

Your birth certificate + driver's licence = 110 points \checkmark

Note that if you have completed the section

electronically', you do

not need to complete this section and can go to Part G.

'Verify my identity

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

Your birth certificate + Medicare card = 95 points 🗶

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**

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.

PART G

Attachments

- 25. If applicable, when you lodge this form, please provide the following documents:
 - A Death certificate (if available, if not, forward later)
 - 🔵 A Will
 - A Probate Document or Letters of Administration
 - \bigcirc Certified copies of documents requested to prove your identity
 - Other (please specify below)

PART H		Declaration
	26.	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 understand that if all the required information has not been provided, this application may be returned to me for completion and payment may be delayed.
		Your signature Date signed D M Y Y Y D D M M Y Y Y
PART I		Privacy
	27.	I do not want my contact details passed to an independent firm commissioned for the purpose of participating in research on the service provided by CSC.
PART J		Lodgement
	28.	Send your completed application and attachments to: MilitarySuper GPO Box 2252 Canberra ACT 2601
		END FORM



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