CSS PSS

Commonwealth Superannuation Scheme Superannuation Scheme

ASDM_P1 11/15

Spouse of a deceased member (contributing or preserved)

Benefit application form – Part 1 (establishing eligibility)

Important information about this form

What this form is for

You can use this form if you are a spouse or partner of someone who passed away as a member of CSS or PSS. If you are a spouse or partner of a deceased member, you may be eligible to receive a superannuation benefit.

Who is eligible?

For information regarding eligibility, please refer to the Death benefits factsheet.

How to use this form

- > Please use a black or blue pen.
- > Mark boxes like this \square with a \checkmark or x then fill out the next question or section.
- > Where you see a box like this Go to 3 skip to the question number shown. You do not need to answer the questions in-between.
- > Where you see a box like this Attach A attach the requested documents.

Submitting your form

Please post your completed, signed application form and attached documents to:

CSS/PSS GPO Box 2252 Canberra ACT 2601 AUSTRALIA

Your Government Super at Work

Any financial product advice in his 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 also obtain a copy of the relevant **Product Disclosure Statement (PDS)** and consider its contents before making any decision regarding your super.

Explanatory notes

These Explanatory notes are intended to assist you to complete the attached benefit application form. Before completing this benefit application form, you are advised to read the Product Disclosure Statement (PDS) at css.gov.au or pss.gov.au

It is suggested that you separate the notes from the form so that you can refer to them as you complete the application form. We can provide details of your benefit entitlement and explain benefit options. For more information:

CSS

Phone: 1300 000 277 Fax: 02 6272 9612

Email: members@css.gov.au

PSS

Phone: 1300 000 377 Fax: 02 6272 9613

Email: members@pss.gov.au

Section A - About the deceased

Please complete all the boxes in this section. Please also attach a copy of the full death certificate.

Section B – Your details

Please complete all the boxes in this section. It allows us to identify you, and tells us how we can contact you.

Contact details

The postal address you provide is where all correspondence will be sent. Contact phone numbers are also required, in case we need to contact you regarding the payment of your benefit.

If you have email access, inclusion of your current email address will be helpful.

Section C - Relationship details

Complete all the boxes in this section and provide any necessary certificates or Statutory Declarations as required.

Section D - Third party authority

If you wish for another party to represent you in this matter please complete and return the authority form.

Section E – Identification requirements

To protect against fraud, safeguard your benefit and comply with the Government's Anti-Money Laundering and Counter Terrorism Financing Legislation, you need to provide documentation to prove your identity.

You can do this via a 100 point identification check at Section F. Refer to Verify my identity electronically and Verify my identity using certified documents for more information.

Section F - Application checklist

Please ensure relevant documents are included.

Section G - Declaration

You must sign the declaration in all cases. **Note:** There are penalties for making false declarations in respect of claims for benefits.

Section H, I, J – Departmental report, checklist and certification

To be completed by the deceased member's payroll area only if the member was contributing to CSS/PSS at the date of death.

SECTIONA About the deceased member

	1. Details																							
	Salutation		Mr			Mı	rs		N	Лs				Miss	3		О	the	r					
	Surname																							
	Given name(s)																							
		D	D		М	Л	_ \	Y	7 1	Y	Y													
	Date of birth			/			/																	
	Date of death	D	D	/	М	M	/	Y	/ Y	Y	Y													
	2. Scheme details																							
	Some members have mor	re tha	ın on	ie sc	cher	ne c	or se	vera	al m	iem	ıbe	ersh	nips	· .										
	Please provide AGS numb	bers f	or ea	ch 1	men	ıbeı	rshi):																
	Reference number (AGS)															S	sche	eme						
	Reference number (AGS)															S	sche	eme						
	Reference number (AGS)															S	sche	eme	<u>,</u>					
		•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	•••••	•••••				•••••	• • • • • • •			• • • • • •		•••••		•••••	• • • • • • • • • • • • • • • • • • • •	•••••		
SECTION B	About you																							
SECTION B	About you 3. Details																							
SECTION B	-		Mr			Mı	rs			Мs				Miss	3		0	the	r					
SECTION B	3. Details		Mr			Mı	rs			Ms		[Miss	5		0	the	r					
SECTION B	3. Details Salutation		Mr			Mı	rs		N	Ms				Miss	5		0	the	r					
SECTION B	3. Details Salutation Surname		Mr			Mı	rs		N	Ms				Miss			0	othe	r					
SECTION B	3. Details Salutation Surname Given name(s)	D	Mr		M						<u> </u>			Miss			0	the	r					
SECTIONB	3. Details Salutation Surname Given name(s) Date of birth		D	/		M					Y			Miss			0	the	r					
SECTIONB	3. Details Salutation Surname Given name(s)			/		M					Y			Miss			0	the	r					
SECTIONB	3. Details Salutation Surname Given name(s) Date of birth		D	/		M					Y			Miss			0	the	r					
SECTIONB	3. Details Salutation Surname Given name(s) Date of birth		DENTL	/		M		· Y			Y			Miss			O		r		POS	TCO	DE	
SECTIONB	3. Details Salutation Surname Given name(s) Date of birth	RESI	DENTL	/		M		Y Y			Y			Miss					r		POS	TCOI	DE	
SECTIONB	3. Details Salutation Surname Given name(s) Date of birth	RESI	DENTL	AL AI	DDRE	M					Y			Miss					r		POS	rcol	DE	
SECTIONB	3. Details Salutation Surname Given name(s) Date of birth	RESI	D DENTIL	AL AI	DDRE	M					Y			Miss					r		POS	ICOI	DE	

Section B continued on next page

	Phone number	BUSINESS HOURS AFTER HOURS														
	Email address	MOBILE NUMBER @														
SECTION C	Relationship details															
	4. Living arrangements Were you living with the deceased as their husband/wife or partner at the time of death? Yes Go to 5 No Go to 9															
	5. Relationship Do you declare that the relationship (marital or couple) was in existence at the time of death and that there was no cessation or action being taken to dissolve the relationship? Yes No															
	6. Children Were there children born	Were there children born of the relationship or adopted? Yes If aged under 25, please note Part E on page 5, then go to 7 No Go to 7 7. Separation														
	7. Separation At the time of death, were you temporarily separated, separated because of illness, hospitalisation or long-term medical care? Yes Please note Part C on page 5, then go to 8 No Go to 8															
	8. Length of relationship Were you continuously living in a bona fide domestic relationship, (in a marital or couple relationship) for more than three years until the date of death? (Except for the period of temporary absence, if applicable.) Yes Please note Part A on page 5, then go to 9 No Please note Part B on page 5, then go to 9															
	9. Relationship status Were you:	 > previously in a marital or couple relationship, but the relationship ended before the member's death? and > legally married at the time of death? and 														
		 wholly or substantially dependent upon the deceased at the time of death? Yes Please note Part D on page 5 No Please note the definition of spouse provided in the Death Benefits factsheet. Should you wish to proceed with your claim, please submit all relevant evidence with your application. 														

Section C continued on next page

Evidence

Part A

Please provide:

> a copy of the marriage or relationship certificate

or

- > declarations from individuals to affirm the existence of a couple relationship
- > utility and rates bills that support you lived with the deceased for the three year period continuously
- > advice if you jointly owned the property or provide a copy of the rental agreement/lease.

Part B

Please provide:

- > a statement, setting out the circumstances of the relationship
- > a copy of the marriage certificate or relationship

or

- > two statutory declarations from individuals to affirm the existence of a couple relationship (at least one by a professional, who is not a family member, eg accountant, lawyer, doctor)
- > utility and rates bills that support you lived with the deceased for the period continuously
- > advice if you jointly own real estate or other assets
- > a statement regarding financial interdependence, including bank statements
- > if applicable, please set out the circumstances regarding the care of any children.

Part C

Please provide:

> the reason for the absence and evidence to substantiate the separation (eg a letter from the nursing home or medical facility)

and

- > before the separation, if you were living with one another for a continous period of more than three years, please provide the information requested at Part A
- > before the separation, if you were living with one another for a continous period of less than three years, please provide the information requested at Part B.

Part D

Please provide:

- > a copy of your marriage certificate
- > a statutory declaration setting out the circumstances of the relationship
- > evidence of whole or substantial dependence on the deceased, including a financial statement, setting out the sources of income and relevant expenditure
- > an overview of how you were essentially dependant upon the deceased.

Part E

Please provide:

> a copy of the child's birth certificate

and

- > if aged between 16 and 25:
 - > evidence of full-time study

and

> declaration that the child was not ordinarily employed.

SECTIOND Authority for someone to act on your behalf

10. Have you given auth	ority for someone to act on your behalt?										
	Yes Attach a copy of the relevant document and provide their details below										
	No Go to 12										
I authorise Commonweal entitlements to:	th Superannuation Corporation (CSC) to release information about my super										
Representative	Personal representative Financial representative										
Relationship	Financial Advisor Solicitor Accountant/tax adviser										
	Power of Attorney Guardianship Public Trustee										
	Note: Powers of attorney, Guardianship orders or Public Trustee requests must accompany this authority form in order for information to be released.										
	Other (please specify)										
For the purposes of	Acting on my behalf										
F F	GIVEN NAME(S)										
Name											
	SURNAME										
Date of birth	D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
Organisation (if applicable)											
You authorise access to	any representative of the organisation										
your account details to	or										
	only the named individual										
Postal address											
	SUBURB STATE POSTCODE										
Phone	HOME PHONE MOBILE NUMBER										
Email address											
Financial Services Licence Number	ABN										
(Financial representative) Allow access from	D D M M Y Y Y Y D D M M Y Y Y Y Y										
	(only specify an end date if applicable)										

SECTIONE 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

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

Note that if you do not agree to the use of DVS, you will need to provide certified hard copy documents and complete the section 'Verify my identity using certified 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)	
Date of birth	D D M M Y Y Y Y
Registration State	STATE
Registration No	
Registration date	D D M M Y Y Y Y /
Date printed	D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Certificate No	

Section E continued on next page

Australian Citizenship Certificate																		
Family name																		
Given name(s)																		
Date of birth	D	D	/	М	М	/	Y	Y	Y	Y								
Stock No																		
Acquisition date	D	D	/	М	М	/	Y	Y	Y	Y			•					
or																		
Current Australian Passp	ort																	
Family name																		
Given name(s)																		
Date of birth	D	D	/	М	М	/	Y	Y	Y	Y								
Document No																		
Gender		Ma	le		F	ema	ale											
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	/	М	М	/	Y	Y	Y	Y								
Licence No																		

Section E continued on next page

State of issue

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) Registration No Spouse's Family name Spouse's Given name(s) STATE Registration State Registration date Registration year Date printed Certificate No **Medicare Card** Card No Reference No Family name Given name(s) Card colour Green Blue ___ Yellow Expiry date

Section E continued on next page

Verify my identity using certified documents I wish to verify my identity using certified documents

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

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 ✓

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

Your birth certificate + Medicare card = 95 points *

Section E continued on next page

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.

SECTIONF Application checklist

11.	I have attached the following	documents
		Certified Identification Documents (see Section E for requirements)
		Certified copy of the Death Certificate (if available) If you have not yet received the Death Certificate, send us your application form with the other requested documents as soon as possible and send us a copy of the certified Death Certificate as soon as you receive it. This will allow us to start processing your request.
		If you have given authority for someone to act on your behalf, a certified copy of that document.
12.	I have also attached the follow	ving as requested
		Evidence requested at page 5.

SECTIONG Personal information

13. Please sign and date the following declaration before returning your application to us

- > 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 on documents
- > I declare that I have read and understood the information in this form and in the relevant scheme factsheet.

SIGNATURE	Date signed										
		D	D	,	М	М		Y	Y	Y	Y
				/			/				

14. Postal details

Please post your completed, signed application form and attached documents to: CSS/PSS
GPO Box 2252
Canberra ACT 2601
AUSTRALIA

SECTIONH Departmental report

To be completed by personnel section or pay office only if the member was contributing to CSS/PSS at the date of death.

Member's name										
										_
Reference number (AGS)										
Date of exit	D D	M M	/ Y	Y Y	Y					
Salary for superannuation benefit purposes at date of death	\$									

Note: This can be greater than the salary for super contribution purposes on the member's last birthday.

Last three superannuation variations including the payday that contributions were ceased (usually the payday after the date of exit)

	PAYDAY OF THE ADJUSTMENT	OLD PERM. CONT.	NEW PERM. CONT.	CURRENT Adjustment	POSITIVE OR NEGATIVE
1.					
2.					
3.			NIL		

SECTIONI Personnel checklist

SECTION J

Failure to provide the documents outlined in this checklist will result in delays in processing this application. The following information is required: Member's date of birth confirmed? Yes Superannuation history card or computer print-out attached? Was the member receiving an allowance (or did they receive such an allowance N/A Yes in the past three years) that increases salary for superannuation purposes? If Yes, was the allowance automatically recognised as salary for superannuation N/A purposes? If the allowance is not automatically recognised as salary for superannuation purposes, please attach CSS/PSS S17A, S17S or S17T form/s. N/A Yes Did the member ever work part-time hours? If Yes, please attach details. Did the member have any periods of LWOP in the two years prior to date of exit? N/A If Yes, attach details of commencement and ceasing date(s), and type of leave. Certification by employer GIVEN NAME(S) I, SURNAME being the officer authorised to sign on behalf of the agency, declare that the above information is true and correct and certify that no variations to contributions will be made subsequent to the ceasing entry shown above. SIGNATURE Date signed Phone number Fax number Email address (a)

END FORM



