

M85 09/12

Application for Child's Benefits (including Ancillary Benefits)

Before you use this form

Before completing this benefit application form, it is recommended that you read the Product Disclosure Statement (PDS) for the MSB Scheme, available on the MilitarySuper website **www.militarysuper.gov.au** or by phoning **1300 006 727**.

Who should use this form?

This form should be completed by an eligible child over the age of 18 or on behalf of an eligible child under the age of 18 where a Member, former Member or pensioner of the Military Superannuation and Benefits (MSB) Scheme dies and is not survived by an eligible spouse.

If there is an eligible spouse survived by the deceased, please complete the MS2SP form – Spouse & Children of a Pensioner – Benefit Application Form and read the accompanying information leaflet.

For the definition of an eligible child please contact ComSuper or MilitarySuper's website at www.militarysuper.gov.au.

Completing this form

Complete:

- Part A: About the deceased
- Part B: About the child
- Part C: About the person claiming the benefit
- Part D: Full-time student details
- Part E: Identification requirements
- Part F: Payment details
- Part G: Document list
- Part H: Tax File Number
- Part I: Applicant declaration

Then lodge with MilitarySuper at the address in Part J.

Ancillary Benefit

The lump sum benefit will include an Ancillary Benefit if any of the following amounts were paid into the deceased person's 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 the deceased person's partner into the deceased's MilitarySuper account)
- 5) Co-Contributions.
- 6) Super Guarantee amounts.

The Ancillary Benefit is payable as a cash lump sum only.

There is no pension or rollover option.

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

Surcharge debt

If the deceased was a Member of the Defence Force at the time of death and had a superannuation contribution surcharge debt, it will be deducted from the benefit before payment.

Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, MilitarySuper is required to deduct PAYG tax at the highest marginal tax rate plus Medicare levy from benefits if a person does not provide a Tax File Number (TFN).

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.

Taxation matters

Lump sums paid to dependants on the death of a Member are not considered to be Superannuation Lump Sum Payments for the purposes of the taxation legislation.

Any pension that is paid is taxed as income.

Payment

Lump sum payments and rollover cheques are normally paid within 15 working days after the date we receive the application and verify eligibility, whichever is the later.

Further information

If you wish, you can seek further information on options and completion of this form from MilitarySuper on **1300 006 727**. You can also read:

- Product Disclosure Statement
- · MilitarySuper Book
- Death and Dependants' Benefits Fact Sheet
- Superannuation Contributions Surcharge Fact Sheet
- Fact Sheets on each Ancillary Benefit type

All these publications are available on the MilitarySuper website at www.militarysuper.gov.au

A Financial Advisor may also be able to assist.

Privacy

MilitarySuper and its Administrator, ComSuper, are collecting the information on this form for the following reasons:

- to confirm your identity
- to assess your eligibility for payment of the benefit
- to pay your benefit
- to contact you

MilitarySuper and ComSuper are committed to protecting any personal information we hold about you. Your 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 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
- it is to an independent 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 an independent firm, please put a cross in the box at Question 23 on page 11 of the benefit application form.

Contact

We must provide you with any information you need to understand your benefit entitlements.

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

Visit Unit 4 Cameron Offices Chandler Street Belconnen ACT 2617	Mail GPO Box 2252 Canberra ACT 2601	Email members@enq.militarysuper.gov.au
Phone for the cost of a local call 1300 006 727	Fax (02) 6272 9617	Internet www.militarysuper.gov.au

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Application for Child's Benefits (including Ancillary Benefits)

ART A			
	1.	Service	○ Navy ○ Army ○ RAAF
	2.	Service Number/ Employee ID	
	3.	Service Number from a previous period of service (if applicable)	
	4.	Salutation	○ Mr ○ Mrs ○ Ms ○ Miss ○ Other
		Surname	
		Given name(s)	
	5.	Date of birth	D D M M Y Y Y Y
	6.	Date of death	D D M M M Y Y Y Y Y (Please attach a certified copy of the death certificate or forward later when available.)
ART B	6.	Date of death About the child	
ART B		About the child	(Please attach a certified copy of the death certificate or forward later when available.)
ART B	6. 7.	About the child Salutation	(Please attach a certified copy of the death certificate or forward later when available.)
ART B		About the child Salutation Surname	(Please attach a certified copy of the death certificate or forward later when available.)
ART B		About the child Salutation	(Please attach a certified copy of the death certificate or forward later when available.)
ART B		About the child Salutation Surname	(Please attach a certified copy of the death certificate or forward later when available.)
ART B		About the child Salutation Surname	(Please attach a certified copy of the death certificate or forward later when available.)
ART B	7.	About the child Salutation Surname Given name(s)	(Please attach a certified copy of the death certificate or forward later when available.) Mr Mrs Ms Miss Other Male Female
ART B	7.	About the child Salutation Surname Given name(s)	(Please attach a certified copy of the death certificate or forward later when available.) Mr Mrs Ms Miss Other Male
ART B	7.	About the child Salutation Surname Given name(s) Sex	(Please attach a certified copy of the death certificate or forward later when available.) Mr Mrs Ms Miss Other Male Female D D M M M Y Y Y Y Y M M M M M M M M M M M
ART B	7.	About the child Salutation Surname Given name(s) Sex	(Please attach a certified copy of the death certificate or forward later when available.) Mr Mrs Ms Miss Other Male Female

Part B continued on next page

5 of 13

	11.	Are there other children who may be eligible for a benefit? No – Go to Part C Yes – Go to Question 11a .												
	11a.	not in your care please att	other children who may also be eligible for a benefit. If any of the children are tach the name(s) and address(es) of the relevant guardian(s). Please indicate eparate application form for that child.											
		Surname of child												
		Given name(s)												
		Date of birth	D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
		Relationship to the deceased (e.g child, adopted child, or a child												
		within the meaning of the <i>Family Law Act 1975</i>)												
		Has a separate application been submitted?	○ No ○ Yes											
		If there are more than thre	e children please attach the same details as above for each additional child.											
	•	Surname of child												
		Given name(s)												
			D D M M Y Y Y											
		Date of birth												
		Relationship to the deceased (e.g child, adopted child, or a child within the meaning of the Family Law Act 1975)												
		Has a separate application been submitted?	○ No ○ Yes											
		If there are more than thre	e children please attach the same details as above for each additional child.											
PART C		•	claiming the benefit											
			es us to verify the ID of the payee. ID requirements for a child are listed nable to satisfy the ID requirements the guardian must also provide ID nart E.											
	12.	Salutation	○ Mr ○ Mrs ○ Ms ○ Miss ○ Other □											
		Surname												
		Given name(s)												

 \bigcirc No – Go to Part C

Part C continued on next page

13	on a permanent basis?	No Yes No – Name of personal representative (below) POSTAL ADDRESS OF PERSONAL REPRESENTATIVE (BELOW) SUBURB STATE POST CODE Yes – Please also complete the form DM90 (Application for Estate Benefits)
15	. Date of birth	D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
16	. Postal address of applicant	POSTAL ADDRESS
		SUBURB STATE POST CODE
	Residential address of applicant	RESIDENTIAL ADDRESS
		SUBURB STATE POST CODE
17	. Contact details	BUSINESS HOURS AFTER HOURS
		MOBILE NUMBER
	Email address	@
PART D	Full-time student	details
18		any full-time student over the age of 16 and less than age 25. The principal/ege/university will have to verify the student's attendance.
	Given name(s) of student	
	Name of School/ College/University	

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Address of School/ College/University																				
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	SUBUI	KB]	STATE	-		1	POST	CODE	<u>:</u>	
Type of course																				
Duration of course	from	ı																		
Duration of course	D	D		М	М		Υ	Υ	Υ	Υ										
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	to																			
	D	D		M	М		Υ	Υ	Υ	Υ										
			/			/														
Stamp of School/																				
College/University																				
	D	D		М	М		Υ	Υ	Υ	Υ										
I certify that this student,			,			,														
whose date of birth is			/																	
and address is																				
recorded as																				
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PART E

Identification requirements

19. To protect against fraud, safeguard your benefit and comply with the Government's Anti-Money Laundering and Counter Terrorism Financing Legislation, we need you to provide documentation to prove your identity. Please be aware that under some circumstances we may request further information from you. If you are unable to provide documentation of the type set out below you should speak to a Customer Information Representative on 1300 006 727.

All documents provided to confirm your identity must be certified.

A Birth certificate or birth extracts are required to support all applications for children's benefits.

You will need to provide certified copies of the following for both the guardian and the child:

- one document from column A in the table below, OR
- one document from column B AND one document from column C

For example, you could provide a certified copy of your driver's licence (from **column A**) OR a certified copy of your birth certificate AND a certified copy of your tax return with your current residential address.

Where a child is under school age the claimant must also provide a medicare card or other documentation listing both the caregiver and child.

These documents may be the same as provided to confirm the eligibility of a child of the deceased, and need to be certified.

А	В	С
Driver's licence or permit issued by State or Territory or foreign government	Birth Certificate or Birth Extract, issued by an Australian or foreign Government (either in English or accompanied by English translation prepared by an accredited translator)	Copy of a rates bill with the same address and name as on the application
Passport (current or expired by less than two years)	Australian Citizenship certificate	Copy of an electricity or gas bill with the same address and name as on the application
An identification or proof of age card issued by a State or Territory, containing a photograph	Citizenship certificate issued by a foreign country (either in English or accompanied by an English translation prepared by an accredited translator)	Copy of a tax return letter from the ATO with the same address and name as on the application
A national identity card, containing a photograph, issued by a foreign government (either in English or accompanied by an English translation prepared by an accredited translator)	Pension or other social security/ DVA benefit card	A letter from Centrelink or DVA with the same address and name as on the application
	ADF Discharge papers or an ADF ID card	For a person under the age of 18, a letter from a school principal, within three months of application, stating the name of the student, residential address and period of time the student attended the school
		For a person under the age of 18, a valid Medicare card stating the child's full name. For a person over the age of 18, a photographic ID from the Child's school or college.

All copies of documents provided to MilitarySuper must be certified as true and correct copies of the original by one of the persons listed in the section **Attachment Reference** at the end of this form.

The person certifying your documentation must confirm in writing that you are the valid holder of the ID that you are presenting and that any copies are true copies of the original.

The certification must include the name, address, occupation, telephone number and registration number (if applicable) of the certifying authority.

For example:

I, Dr John Citizen, confirm that this is a true and correct copy.

Mrs Jane Pensioner is the valid holder of this identification.

Signed, Dr. John Citizen Licensed Medical Practitioner

Example Medical Centre 12 Example Street Canberra ACT 2600

02 6272 9000 DD/MM/YYYY 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. Copies of identification provided will be stored electronically in a secure environment. The paper copies will be securely destroyed. All copies will only be used for the purpose of confirming your identity.

21. If applicable, when you lodge this form, please provide the following documents: Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare			1	ave attached to prove your identity:
Name of institution Name of account holder(s) (must include the name of the child) Branch name Branch (BSB) number Account number 21. If applicable, when you lodge this form, please provide the following documents: Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare exemption against a pension entitlement) – the form is available for your local Taxation Office.	PART F		Payment details	
Name of account holder(s) (must include the name of the child) Branch name Branch (BSB) number Account number Document list 21. If applicable, when you lodge this form, please provide the following documents: Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare exemption against a pension entitlement) – the form is available for your local Taxation Office.		20.	Type of institution	○ Building Society ○ Credit Union ○ Bank
(must include the name of the child) Branch name Branch (BSB) number Account number Document list 21. If applicable, when you lodge this form, please provide the following documents: Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare exemption against a pension entitlement) – the form is available fryour local Taxation Office.			Name of institution	
Branch name Branch (BSB) number Account number Document list 21. If applicable, when you lodge this form, please provide the following documents: Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare exemption against a pension entitlement) – the form is available from your local Taxation Office.				
Branch (BSB) number Account number Document list 21. If applicable, when you lodge this form, please provide the following documents: Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare exemption against a pension entitlement) – the form is available for your local Taxation Office.				
PART G Document list 21. If applicable, when you lodge this form, please provide the following documents: Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare exemption against a pension entitlement) – the form is available from your local Taxation Office.			Branch name	
Document list 21. If applicable, when you lodge this form, please provide the following documents: Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare exemption against a pension entitlement) – the form is available for your local Taxation Office.			Branch (BSB) number	
21. If applicable , when you lodge this form, please provide the following documents: Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare exemption against a pension entitlement) – the form is available from your local Taxation Office.			Account number	
 Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare exemption against a pension entitlement) – the form is available from your local Taxation Office. 	PART G		Document list	
		21.	If applicable , when you loo	 Death Certificate Child's Full Birth Certificate or Birth Extract Medicare Levy Variation Declaration (if you are claiming a Medicare Levy exemption against a pension entitlement) – the form is available from

PART H

Tax File Number

22. 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.

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; and
- 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 ComSuper, you are under no obligation to provide it again in this application.

Your Tax File Number remains confidential.

PART I

Applicant declaration

- 23. 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 Product Disclosure Statement for the MSB Scheme 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 H I understand that supplying
 my TFN is optional and that if I have not provided my TFN, tax will be deducted at the
 highest marginal rate
- the TFN I have provided is the same number advised to me by the Australian Tax Office
- the TFN 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.

I do not want my contact details passed to an independent firm for the purpose of participating
in research on the service provided by ComSuper.

YOUR SIGNATURE	Dat	e si	gne	d						
	D	D		M	M		Υ	Υ	Υ	Υ
			/			/				

PART J

Lodgement

24. Send your completed application and attachments to:

MilitarySuper GPO Box 2252 Canberra ACT 2601

···· END FORM	

Attachment reference

Persons before whom documents may be certified

- A person who is currently licensed or registered under a law to practise in one of the following occupations:
 - Chiropractor
 - Dentist
 - · Medical practitioner
 - Nurse
 - Optometrist
 - Patent attorney
 - Pharmacist
 - Physiotherapist
 - Trademarks attorney
 - · Veterinary surgeon
 - Legal Practitioner.
- 2. A person who is enrolled on the roll of the Supreme Court of a State or Territory or the High court of Australia, as a legal practitioner (however described).

3. A person who is in the following list

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees
 Act 1955)
- Authorised representative or officer of an Australian Financial Services licensee having 2 or more
 years of continuous service with one or more licensee
- Bailiff
- Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- · Chief executive officer of a Commonwealth court
- · Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 2 or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
 - (c) exercising his or her function in that place
- Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
 - (c) exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 2 or more years of continuous service
- Statutory Office holder not otherwise listed

Attachment reference (continued)

- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - (a) an officer; or
 - (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 2 or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
- Minister or religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority;

with 2 or more years or continuous service who is not specified in another item in this Part

- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- · Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - (a) the Commonwealth or a Commonwealth authority
 - (b) a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- · Teacher employed on a full-time basis at a school or tertiary education institution
- · Member of the Australasian Institute of Mining and Metallurgy.

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

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