



M85
04/12

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.

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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

Phone for the
cost of a local call
1300 006 727

Mail

GPO Box 2252
Canberra ACT 2601

Fax

(02) 6272 9617

Email

members@enq.militarysuper.gov.au

Internet

www.militarysuper.gov.au

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PART A

About the deceased

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	/	Y	Y	Y	Y

(Please attach a certified copy of the death certificate or forward later when available.)

PART B

About the child

7. Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)
8. Sex Male
 Female
9. Date of birth

D	D	/	M	M	/	Y	Y	Y	Y

(Please attach a copy of the full birth certificate.)
10. What is the child's
relationship to
the deceased?

Part B continued on next page

11. Are there other children who may be eligible for a benefit? No – Go to **Part C**
 Yes – Go to **Question 11a.**
- 11a. Please provide details of other children who may also be eligible for a benefit. If any of the children are not in your care please attach the name(s) and address(es) of the relevant guardian(s). Please indicate if you have submitted a separate application form for that child.

Surname of child

Given name(s)

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 three children please attach the same details as above for each additional child.

Surname of child

Given name(s)

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 three children please attach the same details as above for each additional child.

PART C

About the person claiming the benefit

AML/CTF legislation requires us to verify the ID of the payee. ID requirements for a child are listed in **Part E**. If the child is unable to satisfy the ID requirements the guardian must also provide ID documentation as listed in **Part E**.

12. Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Part C continued on next page

13. Is the child living with you on a permanent basis? No Yes

14. Are you also acting as the personal representative of the estate? 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			

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

@

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PART D

Full-time student details

18. Please provide details of any full-time student over the age of 16 and less than age 25. The principal/ registrar of the school/college/university will have to verify the student's attendance.

Surname of student

Given name(s) of student

Name of School/ College/University

Part D continued on next page

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

A	B	C
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

Part E continued on next page

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.

Your Tax File Number

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

Date signed
D D / M M / Y Y Y Y
 / /

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

1. 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 of 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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