



M40
07/12

Application for Invalidity Benefits

Who should use this form?

Use this form if you are a Member of the **Military Superannuation and Benefits Scheme (MSBS)** 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 **Product Disclosure Statement (PDS)** and the **Military Super Book** for the MSBS, available from the **MilitarySuper** website at www.militarysuper.gov.au or by ringing **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** fact sheet.

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 the MSBS until you reach at least age 55. Your Employer benefit can be paid out earlier in some limited circumstances (e.g. severe financial hardship, specified grounds). Please see the fact sheet '**Early Access to your superannuation benefits**' available from the MilitarySuper website for further details

Member Benefit

Your Member Benefit consists of the number of units you hold in the MSB Fund 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 in ComSuper.

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 the MSB Fund.
- the **post 30 June 1999** component must be preserved in the MSB Fund 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 MSBS, 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

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

Payment

Lump sum payments and rollover cheques 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 application, whichever is the later.

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 cheques payable to your nominated rollover fund(s) and send them directly to your nominated 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. Providing the Superannuation fund number (SFN) is optional. If you have a membership number for the rollover fund or RSA, please include this number. If you do not have a membership number, please list a Superannuation Product Identification Number (SPIN) or a Rollover ID number. You can get these details 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 **MilitarySuper Book “Tax on Military Super Benefits”** or fact sheets which are available from www.militarysuper.gov.au called **Taxation of lump sums and Taxation Concessions for Pensions**.

Tax file number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, ComSuper is 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).

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

The Commonwealth Superannuation Corporation (CSC) 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/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.

CSC 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 this independent firm, please put a cross in the box at **Question 35** on **page 15** of the benefit application form.

Advice and more information

If you wish, you can seek advice from ComSuper on **1300 006 727** on your options and completion of this form.

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

You can also read:

- **The MilitarySuper Book**
- **About to Leave the ADF?** fact sheet
- **Invalidity Benefits** fact sheet
- **Superannuation Contributions Surcharge** fact sheet
- **Taxation of lump sums** fact sheet
- **Taxation concessions for pensions** fact sheet

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

A Financial Advisor may also be able to assist.

Contact us

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

1300 006 727
for the cost of a local call

Mail

GPO Box 2252
Canberra ACT 2601

Fax

(02) 6272 9617

Internet

www.militarysuper.gov.au

Email

members@enq.militarysuper.gov.au

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Application for Invalidity Benefits

PART A

About yourself

1.	Service	<input type="radio"/> Navy	<input type="radio"/> Army	<input type="radio"/> RAAF
2.	Service number	<input type="text"/>		
	PMKEYS Number	<input type="text"/>		
3.	Salutation	<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms
		<input type="radio"/> Miss	<input type="radio"/> Other	<input type="text"/>
	Surname	<input type="text"/>		
	Given name(s)	<input type="text"/>		
		<input type="text"/>		
4.	Former surname (if applicable)	<input type="text"/>		
5.	Date of birth	<div> <div>D D</div> <div>/</div> <div>M M</div> <div>/</div> <div>Y Y Y Y</div> </div>		
6.	Contact details before discharge	<div>BUSINESS HOURS</div> <div><input type="text"/></div> <div>AFTER HOURS</div> <div><input type="text"/></div> <div>MOBILE NUMBER</div> <div><input type="text"/></div>		
	Email address	<input type="text"/> <input type="text"/>		
7.	Postal address after discharge	<div>POSTAL ADDRESS</div> <div><input type="text"/></div> <div><input type="text"/></div> <div>SUBURB</div> <div><input type="text"/></div> <div>STATE</div> <div><input type="text"/></div> <div>POST CODE</div> <div><input type="text"/></div>		
	Residential address after discharge	<div>RESIDENTIAL ADDRESS</div> <div><input type="text"/></div> <div><input type="text"/></div> <div>SUBURB</div> <div><input type="text"/></div> <div>STATE</div> <div><input type="text"/></div> <div>POST CODE</div> <div><input type="text"/></div>		

Part A continued next page

8. Contact details
after discharge

BUSINESS HOURS

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AFTER HOURS

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MOBILE NUMBER

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9. Your marital status

- ☐ Single
☐ Married
☐ Couple relationship (including same sex couple relationship)

Date of marriage or couple relationship commencement:

D	D			M	M			Y	Y	Y	Y

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10. Spouse's surname

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Spouse's given name(s)

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Spouse's date of birth

D	D			M	M			Y	Y	Y	Y

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PART B

Exit Details

11. Discharge centre

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Phone number

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If not known, contact your Pay Office

12. Date of
Medical discharge

D	D			M	M			Y	Y	Y	Y

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13. Substantive rank

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PART C

Superannuation Contributions Surcharge

14. 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?

- ☐ Default provisions to apply
☐ From the Employer Lump Sum Benefit before it is converted to pension,
☐ From your Ancillary Benefit, if any
or
☐ From the Member Benefit before it is paid as a lump sum

PART D

Pension payment details (if applicable)

15. 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 society ☐ Trading bank ☐ Credit union

Name of institution

[illegible]

Branch location

[illegible]

Branch (BSB) number

	=		
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Account number

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Account in name(s)
of (must include your
name)

[illegible]

Please complete the **Tax File Number Declaration**.

PART E

Member Benefit options

16. When you claim your MSBS Benefit you may choose one of the following options for your non-preserved (ie. Pre 01 July 1999) Member Benefit.

☐ **Option 1**

Apply proportioning across the payment of your Pre 01 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 01 July 1999 lump sum.

17. Member Benefit
Payment options

☐ Preserve all in MSB Fund

☐ Rollover all

☐ 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

18. Choose your options for your Ancillary Benefit.

☐ Claim now - Please go to **Question 19**

☐ Do not claim - Please go to **Part F**

☐ Not applicable (You do not have an Ancillary Benefit) - Please go to **Part F**

Note: You are not entitled to a cash payment of your Ancillary Benefit before preservation age and permanent retirement from the workforce.

Part E continued next page

19. Choose your options for your Ancillary Benefit. Please mark the box to indicate whether you would like to cash out or roll over any or all of your Ancillary Benefit types:

Ancillary Benefit Type		Cash out See Question 21	Roll over any time See Question 20
All types	100% only	<input type="checkbox"/>	<input type="checkbox"/>
OR			
i) Additional Personal Contributions	100% only	<input type="checkbox"/>	<input type="checkbox"/>
ii) Salary Sacrifice	100% only	<input type="checkbox"/>	<input type="checkbox"/>
iii) Transfer Amounts	100% only	<input type="checkbox"/>	<input type="checkbox"/>
iv) Spouse Contributions	100% only	<input type="checkbox"/>	<input type="checkbox"/>
v) Co-contributions	100% only	<input type="checkbox"/>	<input type="checkbox"/>
vi) Super Guarantee	100% only	<input type="checkbox"/>	<input type="checkbox"/>

Condition of Release to Cash Out Your Ancillary Benefit

You have reached preservation age and:

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

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

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.

Cheques will be made payable to the nominated rollover fund(s) and forwarded to the address provided below. 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

[illegible]Postal address
of fund

POSTAL ADDRESS

[illegible]

SUBURB

[illegible]

STATE

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POST CODE

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Australian Business No.
(ABN) of fund

[illegible]

Superannuation Fund
No. (SFN)

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Please provide one of the following:

Membership No. for fund

[illegible]

Superannuation Product
Identification No. (SPIN)

[illegible]

Part E continued next page

[illegible][illegible]

Refer to **Rollover fund nominations** instructions on page 2.

- Type of financial institution

○ Building society

[illegible][illegible][illegible]

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[illegible][illegible]

PART F

Identification Requirements

22. 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.

You will need to provide certified copies of

- 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.

Birth certificate or birth extracts are required to support all applications for children's benefits and where the person is over the age of 18 for identity purposes they must also supply a document from column A, column C or photographic ID from the school or college. 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.

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

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.

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.

List the documents you have attached to prove your identity:

1. _____
2. _____
3. _____

PART G

Pre-service skills, qualifications and experience

23. What grade/level of schooling did you complete before leaving school?

[illegible]

Date of leaving school

$$\begin{array}{|c|c|} \hline D & D \\ \hline \end{array} / \begin{array}{|c|c|} \hline M & M \\ \hline \end{array} / \begin{array}{|c|c|c|c|} \hline Y & Y & Y & Y \\ \hline \end{array}$$

24. What was the highest/
last public examination
you passed at school?

[illegible]

Y	Y	Y	Y	Year of completion

25. What tertiary study or technical training have you completed?

[illegible]

Y	Y	Y	Y	Year of completion

[illegible]

Y	Y	Y	Y	Year of completion

26. What professional, technical or trade qualifications did you gain?

[illegible][illegible]

27. What tertiary study or technical training have you partially completed?

[illegible][illegible]

Y	Y	Y	Y

Year(s) of study

If insufficient space please attach additional details.

PART I

In-service education and training

29. What education on trade course have you completed?

[illegible]

Year(s) of completion

Y	Y	Y	Y
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30. What professional, technical or trade qualifications did you gain?

[illegible]

31. What education on trade course have you partially completed?

[illegible]

Year(s) of study

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

PART J

In service employment history

32. Employed as

[illegible]

Brief description of duties undertaken

[illegible]

Duration

D	D

/

M	M

/

Y	Y	Y	Y

to

D	D

/

M	M

/

Y	Y	Y	Y

Employed as

[illegible]

Brief description of duties undertaken

[illegible]

Duration

D	D

/

M	M

/

Y	Y	Y	Y

to

D	D

/

M	M

/

Y	Y	Y	Y

Employed as

[illegible]

Brief description of duties undertaken

[illegible]

Duration

D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

Part J continued next page

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

Tax file number

- ☐ Yes ☐ No

PART L

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 M

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 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 K** — 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

SIGNATURE	

Date signed

D	D		M	M		Y	Y	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 ComSuper.

PART N

Department of Defence - Authority to provide medical and employment records

36. Service number/
Employee ID

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I,

GIVEN NAME(S)

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SURNAME

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of

RESIDENTIAL ADDRESS

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SUBURB

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STATE

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POST CODE

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authorise the Department of Defence to make available to CSC and/or ComSuper 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 ComSuper 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 ComSuper 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

SIGNATURE

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Date signed

D	D			/	M	M			/	Y	Y	Y	Y
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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 O

Lodgement

37. Send your completed application and attachments to:

MilitarySuper
GPO Box 2252
Canberra City 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.

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