



D40  
07/12

## Application for invalidity benefit and superannuation productivity (including MSB Scheme ancillary benefit)

### Before you use this form

Before completing this benefit application form, it is recommended that you read the Product Disclosure Statement (PDS) for the Military Superannuation and Benefits Scheme (MilitarySuper), the MilitarySuper Book, the MilitarySuper Member Investment Choice Guide and the DFRDB Book for the Defence Force Retirement and Death Benefits (DFRDB) Scheme. These documents provide further information about the main features of the schemes and are available on the websites [www.militarysuper.gov.au](http://www.militarysuper.gov.au) or [www.dfrdb.gov.au](http://www.dfrdb.gov.au) or by phoning **1300 006 727**.

### Who should use this form

Use this form if you are a member of the Defence Force Retirement and Death Benefits Scheme (DFRDB) and you are being discharged from the Australian Defence Force (ADF) as medically unfit for further service. Do not use this form if you ceased employment with the ADF to enter government employment and wish to preserve your superannuation rights. Complete **Form D6o**.

### When to use this form

This form must not be completed earlier than three months **before** discharge.

Please complete the following parts.

**Part A:** About yourself

**Part B:** Exit details

**Part C:** Superannuation contributions surcharge

**Part D:** Invalidity pay (pension) payment details (if applicable)

**Part E:** Superannuation productivity

**Part F:** Commutation

**Part G:** Military Superannuation and Benefits (MSB) Scheme ancillary benefit

**Part H:** Your pre-service education and training

**Part I:** Your pre-service employment history

**Part J:** In-service education and training

**Part K:** In-service employment history

**Part L:** Identification requirements

**Part M:** Tax file number

**Part N:** Document list

**Part O:** Member declaration

**Part P:** Department of Defence – Authority to provide medical and employment records

Then lodge with the Commonwealth Superannuation Corporation (CSC) at the address in **Part Q**.

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

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Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation or needs. You may wish to consult a licensed financial advisor.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397  
Trustee of the Military Superannuation and Benefits Scheme (MilitarySuper) ABN: 50 925 523 120 RSE: R1000306  
Trustee of the Defence Force Retirement and Death Benefits Scheme (DFRDB Scheme) ABN: 39 798 362 763

## Options

On discharge on the ground of invalidity you will be subject to invalidity classification. For more information regarding this process please read the Invalidity Benefits leaflet (see below).

This form asks about the options you choose for your:

### 1. Invalidity pay

The rate of invalidity pay is based on completed years of effective service and is a percentage of the annual rate of pay for DFRDB purposes at retirement.

### 2. Superannuation productivity

CSC will forward you a cheque for your superannuation productivity benefit made out to your nominated rollover fund.

If, following retirement, you have attained the age of 55 and permanently retired from the workforce (i.e. you are not employed and do not intend to be employed for 10 hours or more per week), you can choose instead to take all or part of your superannuation productivity benefit as a cash lump sum.

### 3. Commutation

Should you be classified Class C and have in excess of 20 years service for pension, you may commute (i.e. exchange) part of your retirement pay for an immediate lump sum.

The maximum you can commute is 5 times your retirement pay, if retirement is after 29 June 2002. If you retired prior to this date, a slightly lower maximum will apply. You can commute less than the maximum. An election to commute must be lodged with ComSuper/CSC within 6 months of you becoming entitled to retirement pay.

### 4. MSB Scheme ancillary benefit

You may also have an ancillary benefit in the MSB Scheme, if any of the following ancillary benefit amounts have been paid into your MilitarySuper account:

1. Additional personal contributions
2. Co-contributions
3. Salary sacrifice amounts
4. Spouse contributions (please note that spouse contributions are those paid by your partner into your MilitarySuper account)
5. Transfer amounts
6. Super guarantee amounts

You may roll over your MSB Scheme ancillary benefit at any time. The ancillary benefit may be cashed out once you have reached your superannuation preservation age (see table below) and:

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

Date of Birth	Preservation Age
Before 1/7/1960	55
1/7/1960 – 30/6/1961	56
1/7/1961 – 30/6/1962	57
1/7/1962 – 30/6/1963	58
1/7/1963 – 30/6/1964	59
After 30/6/1964	60

You can roll over your Ancillary Benefit to:

- a regulated superannuation fund
- a retirement savings account (RSA)
- an approved deposit fund.

**Note:** You may be able to claim your Ancillary Benefit before preservation age and permanent retirement if, under Rule 87 (MSB Scheme Rules), CSC decides that as a result of your incapacity, it is unlikely that you will be able to work again in employment for which you are reasonably qualified. Please contact ComSuper if you have any queries.

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## Surcharge debt

If you have a superannuation contributions surcharge debt, it will be deducted from your benefit before payment. Interest will also be applied to the surcharge debt until the debt is fully paid. 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
- if the employer benefit is taken as a total lump sum, the debt will be taken from that benefit.

If you choose to make an election, the default provisions will not apply. You may elect for the surcharge debt to be deducted from:

- the employer benefit before it is paid as a lump sum or converted to a pension
- the Member benefit before it is paid as a lump sum
- any ancillary benefit before it is paid as a rollover.

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## Payment

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

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## Tax file number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, CSC is required to deduct PAYG tax at the top marginal 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 application/enquiry form with the Australian Taxation Office (ATO). Forms are available at all ATO branches or via the ATO website.

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## Tax file number declaration form

If you claim a pension benefit, please complete the tax file number declaration form, which is available from the ATO. The information you provide on the 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.

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## Re-entry to the Defence Force

If you **re-enter** the Australian Defence Force within 90 days, please contact ComSuper on **1300 001 677** **as there is action you may take to protect your superannuation rights.**

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## Further information

If you wish, you can seek further information from the DFRDB on **1300 001 677** on your options and completion of this form.

You can also read:

- The DFRDB book
- 'About to Leave the ADF?' leaflet
- 'Superannuation Contributions Surcharge' leaflet
- 'Taxation of Benefits' leaflet
- 'Taxation Concessions – Deductible Amounts' leaflet
- 'Invalidity Benefits' leaflet
- Fact sheets on each ancillary benefit type

All these publications are available on the DFRDB website at **[www.dfrdb.gov.au](http://www.dfrdb.gov.au)**. A financial advisor may also be able to assist.

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## Privacy

CSC and its administrator, ComSuper, are collecting the information on this form in order to:

- confirm your identity
- assess your eligibility for payment/rollover of the benefit
- record up to date details relating to your spouse (if applicable) for future benefit eligibility
- pay your benefit or to roll it over
- 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 research 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 firm, please put a cross in the box at **Question 52 on page 19** of the benefit application form.

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## 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@dfldb.gov.au](mailto:members@dfldb.gov.au)  
[members@enq.militarysuper.gov.au](mailto:members@enq.militarysuper.gov.au)

### Phone

**DFRDB** 1300 001 677  
**MSBS** 1300 006 727  
for the cost of a local call

### Fax

(02) 6272 9616

### Internet

[www.dfrdb.gov.au](http://www.dfrdb.gov.au)  
[www.militarysuper.gov.au](http://www.militarysuper.gov.au)



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## Application for invalidity benefit and superannuation productivity (including MSB Scheme ancillary benefit)

### PART A

### About yourself

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. Former surname  
(if applicable)

6. Date of birth   /   /

7. Contact details **before** discharge

Home phone number

Work phone number

Email address

@

8. Contact details **after** discharge

Postal address

SUBURB  STATE  POST CODE

Part A continued on next page



**PART D**

**Invalidity pay – payment details (if applicable)**

16. If you were in receipt of DFRDB pension prior to this period of service or if you are classified Class A or Class B, your invalidity pay will be paid as a pension. Give details of the account you want payment made to. The account must be in Australia.

Type of financial institution  Savings bank  Building society  Trading bank  Credit union

Name of institution

Name of account holder(s) (must include your name)

Branch name

Branch (BSB) number  -

Account number

**PART E**

**Superannuation productivity**

17. On date of exit, will you be 55 years of age or over and permanently retired from the workforce? ('retired' means not gainfully employed for 10 hours or more per week)
- No—you must roll over all your superannuation productivity
  - Yes—choose your option for your superannuation productivity (one only):
    - Take all as cash lump sum—complete **Question 19**
    - Roll over all—complete **Question 18**
    - Roll over part, take the rest as cash lump sum—complete **Questions 18 and 19**

18. This form allows you to provide details for up to two rollover funds. If you are rolling over part of your superannuation productivity only, write the amount for each institution; if you are rolling over all, write the amount for each institution, except write 'BALANCE' for the last (or only) fund.

Cheques will be made payable to the rollover funds. The cheques and rollover benefit statements will be sent to you to send to the rollover funds when you lodge your rollover documents.

**First fund**

Name of fund

Fund ID number

Australian business number (ABN) of rollover fund

**OR**

Superannuation fund number (SFN)

Rollover identification number

Superannuation product identification number (SPIN)

**OR**

*Part E continued on next page*

Membership number  
for fund

Amount

\$

**Second fund**

Name of fund

Fund ID number

Australian Business number  
(ABN) of rollover fund

OR

Superannuation fund  
number (SFN)

Rollover identification  
number

Superannuation product  
identification number  
(SPIN)

OR

Membership number  
for fund

Amount

\$

19. If you are taking any of your superannuation productivity as lump sum cash, give details of the account you want it paid into (if different to **Part D Question 17**). If you are taking part only as a cash lump sum, write the amount. The account must be in Australia.

Type of institution  Building society  Credit union  Bank

Name of institution

Name of account holder(s)  
(must include your name)

Branch name

Branch (BSB) number

 - 

Account number

**PART F**

**Commutation**

20. If you are classified Class C and have in excess of 20 years service for pension, do you want to commute part of your retirement pay to a lump sum?

No—go to **Part G**

Yes

If Yes, do you elect to:

commute the **maximum** entitlement  
**OR**

commute 4 times retirement pay  
**OR**

receive a commutation lump sum of

\$

Part F continued on next page





**Rollover of lump sum**

25. If you are rolling over any of your commutation lump sum, and you nominated a single rollover fund at **Question 19** and would like your commutation paid to that fund, please indicate below. If you are rolling over part only of your commutation lump sum, please also indicate the amount you wish to roll over:

Pay all of my commutation lump sum into the rollover fund nominated in **Part E Question 18**

Pay the amount of

\$

into the rollover fund nominated in **Part E Question 18**

If you would like any of your commutation lump sum paid into a different rollover fund, please complete **Question 26**.

26. Give details of the fund(s) you want you commutation lump sum paid into. This form allows you to provide details for up to two rollover funds.

Write the amount for each rollover fund, except write 'BALANCE' for the last (or only) fund.

Cheques will be made payable to the rollover fund. The cheques and a Rollover Benefits Statement will be sent to you to send to the rollover funds when you lodge your rollover documents.

**First fund**

Name of fund


Fund ID number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount

\$

Australian business number (ABN) of rollover fund

--	--	--	--	--	--	--	--	--	--

**OR**

Superannuation fund number (SFN)

--	--	--	--	--	--	--	--

Rollover identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Superannuation product identification number (SPIN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**OR**

Membership number for fund

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Second fund**

Name of fund


Fund ID number.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount

\$

Australian business number (ABN) of rollover fund

--	--	--	--	--	--	--	--	--	--

**OR**

Superannuation fund number (SFN)

--	--	--	--	--	--	--	--

Rollover identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Superannuation product identification number (SPIN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**OR**

Membership number for fund

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**PART G**

**MSB Scheme ancillary benefit options**

27. On date of exit, will you be 55 years of age or over and permanently retired from the workforce? ('retired' means not gainfully employed for 10 hours or more per week)

- Claim now—complete table below
- Do not claim—go to **Part H**

**Note:** You are not entitled to a cash payment of your ancillary benefit before preservation age and satisfying a Condition of Release. Until that occurs, if you claim your ancillary benefit, it must be rolled over.

Ancillary Benefit Type		Cash out* See Questions 29 & 30	Roll over any time See Questions 31 & 32
All types	100% only	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>			
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
- you are aged 60 or more and you have permanently retired from the workforce or your current employment has ended.

**Cash only**

28. If you are cashing out any of your ancillary benefit, and would like it paid into the account nominated in **Question 16, Question 19** or **Question 24**, please indicate below:

- Pay into account nominated in **Part D Question 18**
- Pay into account nominated in **Part E Question 19**
- Pay into account nominated in **Part F Question 24**

If you would like your ancillary benefit paid into a different account, please complete **Question 30**.

29. Give details of the account you want your benefit paid into. The account must be in Australia.

Type of financial institution  Savings bank  Building society  Trading bank  Credit union

Name of institution

Name of account holder(s) (must include your name)

Branch name

Branch (BSB) number  -

Account number

*Part G continued on next page*

**Rollover only**

30. If you are rolling over any of your ancillary benefit, and you nominated a single fund at **Question 18** and would like your ancillary benefit paid into either of those funds, please indicate below:

- Pay into fund nominated in **Part E Question 18**
- Pay into fund nominated in **Part F Question 27**

If you would like your ancillary benefit paid into a different fund, please complete **Question 32**.

31. Give details of the fund(s) you want your ancillary benefit paid into. This form allows you to provide details for up to 2 rollover funds.

Write the ancillary benefit type(s) for each fund (see example below). If you want all of your ancillary benefit paid to one rollover fund, write 'ALL' beside the 'Ancillary benefit type' below. Please use block letters.

Cheques will be made payable to the rollover funds. The cheques and rollover benefit statements will be sent to you to send to the rollover funds when you lodge your rollover documents.

**First fund**

Name of fund

Fund ID number

Amount \$

Australian business number (ABN) of rollover fund

**OR**

Superannuation fund number (SFN)

Rollover identification number

Superannuation product identification number (SPIN)

**OR**

Membership number for fund

**Second fund**

Name of fund

Fund ID number

Amount \$

Australian business number (ABN) of rollover fund

**OR**

Superannuation fund number (SFN)

Rollover identification number

Superannuation product identification number (SPIN)

OR

Membership number for fund

Ancillary benefit type

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If you would like to roll over your ancillary benefit to more than one fund, please complete the details under **Part F** on a separate sheet(s).

**Example:**

- |              |                                       |
|--------------|---------------------------------------|
| First fund:  | (1) Salary sacrifice                  |
|              | (2) Co-contributions                  |
| Second fund: | (1) Additional personal contributions |
|              | (2) Transfer amounts                  |

## PART H

### Your pre-service education and training

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

Date of leaving school

D	D	/	M	M	/	Y	Y	Y	Y
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

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

Year of completion

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

Years of completion

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

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

Years of study

 to 

If you need more space please attach additional details.

**PART I**

**Your pre-service employment history**

Include self-employment and periods of unemployment.

**37. Period 1**

Name of employer


Employed as

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Brief description of duties undertaken

DESCRIPTION OF DUTIES

Duration

D	D					M	M														

**38. Period 2**

Name of employer


Employed as

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Brief description of duties undertaken

DESCRIPTION OF DUTIES

Duration

D	D					M	M														

**39. Period 3**

Name of employer


Employed as

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Brief description of duties undertaken

DESCRIPTION OF DUTIES

Duration

D	D					M	M														

**40. Period 4**

Name of employer


Employed as

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Part I continued on next page*

Brief description of duties undertaken

DESCRIPTION OF DUTIES
-----------------------

Duration

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

**41. Period 5**

Name of employer


Employed as

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Brief description of duties undertaken

DESCRIPTION OF DUTIES
-----------------------

Duration

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

If you need more space please attach additional details.

**PART J**

**In-service training**

42. What education or trade courses have you completed?


Years of completion


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


44. What education or trade courses have you partially completed?


Year(s) of study


If you need more space please attach additional details or attach information obtained from service records (see **Part M**).

# PART K

## In-service employment history

Include self-employment and periods of unemployment.

**45. Period 1**

Employed as

Brief description of duties undertaken 

DESCRIPTION OF DUTIES

Duration 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 to 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

**46. Period 2**

Employed as

Brief description of duties undertaken 

DESCRIPTION OF DUTIES

Duration 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 to 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

**47. Period 3**

Employed as

Brief description of duties undertaken 

DESCRIPTION OF DUTIES

Duration 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 to 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

**48. Period 4**

Employed as

Brief description of duties undertaken 

DESCRIPTION OF DUTIES

Duration 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 to 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

**49. Period 5**

Employed as

Brief description of duties undertaken 

DESCRIPTION OF DUTIES

Duration 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 to 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

If you need more space please attach additional details or attach information obtained from service records.



**PART L**

**MANDATORY Identification requirements**

50. 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.

A	B	C
Driver’s licence or permit issued by state or territory or foreign government	Birth certificate or birth extract, issued by 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 electricity or gas bill with the same address and name as on the application
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 tax return letter from the ATO with the same address and name as on the application
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	Letter from Centrelink or DVA with the same address and name as on the application
	ADF Discharge papers or an ADF ID card	

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

**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.**

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 M

### Tax file number

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.
- 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

Can CSC give your TFN to the rollover fund(s)/RSA(s) nominated above?

- Yes       No       Not applicable

## PART N

### Document list

51. 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 are claiming an additional period)  
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 purposes.
  - A marriage certificate
  - Medicare levy variation declaration  
(if you are claiming a Medicare levy exemption against a pension entitlement)—  
the form is available from the ATO website.
  - Print-out from Department of Defence showing In-service education training  
(you must provide this document if possible—see **Part J**)
  - Print-out from Department of Defence showing in-service employment history  
(you must provide this document if possible—see **Part K**)
  - If you are claiming ancillary benefits, attach certified copies of documents requested to prove your identity
  - Authority to request information from Defence.

**PART O**

**Declaration**

52. 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 (PDS) for the Military Superannuation and Benefits Scheme (MilitarySuper), the MilitarySuper Book, the MilitarySuper Member Investment Choice Book and the DFRDB Book for the Defence Force Retirement and Death Benefits (DFRDB) 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 M**; I understand that supplying my TFN is optional and that if I have not provided my TFN, tax will be deducted at the top marginal rate
- the TFN I have provided is the same number advised to me by the Australian Taxation Office
- my TFN will be provided to a rollover fund unless I advise CSC or its administrator, ComSuper, 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   
-----------------------

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

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

**PART P**

**Department of Defence  
Authority to provide medical and employment records**

53. I,

GIVEN NAME(S)  

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whose reference number is

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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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I 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 *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973* or the *Military Superannuation and Benefits Act 1991*.

I understand that, whilst the information will be subject to standard confidentiality requirements, CSC 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

Date signed

D	D		M	M		Y	Y	Y	Y
		/			/				

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 the *Defence Forces Retirement Benefits (DFRB) Act 1948*, the *Defence Force Retirement and Death Benefits (DFRDB) Act 1973* and the *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 *DFRB Act 1948*, the *DFRDB Act 1973* and the *MSB Act 1991*.

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## PART Q

### Lodgement

54. Send your completed application and attachments to:

**DFRDB**  
**GPO Box 2252**  
**Canberra ACT 2601**

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END FORM

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## Attachment reference

## Persons before whom documents may be certified

1. A person who is currently licensed or registered under a law to practice in one of the following occupations:  
**Occupations**
  - Chiropractor
  - Dentist
  - Medical practitioner
  - Nurse
  - Optometrist
  - Patent attorney
  - Pharmacist
  - Physiotherapist
  - Trade marks 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
  - 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 of 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) authorized 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) authorized 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 estate 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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 **EMAIL**  
members@enq.militarysuper.gov.au  
members@dfrdb.gov.au


 **WEB**  
www.militarysuper.gov.au  
www.dfrdb.gov.au

 **PHONE**  
1300 001 677

 **OVERSEAS CALLERS**  
MilitarySuper: +61 2 6272 9623  
DFRDB: +61 2 6272 9624

 **TTY**  
+61 2 6272 9827

 **FAX**  
MilitarySuper: (02) 6272 9617  
DFRDB: (02) 6272 9616

 **POST**  
MilitarySuper/DFRDB  
GPO Box 2252  
Canberra City ACT 2601