



CD-A3
07/13

Deferred benefit continuing with same employer

Benefit application form

Before you start

Before you complete this benefit application form, please read the **CSS Product Disclosure Statement**.

This form and the **Explanatory notes** are for CSS members who wish to claim their deferred benefit and are continuing employment with the same employer to which their CSS membership relates (i.e. the same employer you were with when you deferred your benefit).

What we need from you

To help us process your benefit claim quickly, make sure you:

- > fully understand your benefit entitlements
- > complete the form fully and accurately
- > send the completed form to us at the address below; if you'd like to confirm that we have received your application, call **1300 289 548**
- > after we have paid your benefit, it is very important that you tell us if you change your postal address or bank account details; this allows us to send you information each year about your benefit, and make payments to the correct account.

Please note that once you lodge an application for a deferred benefit, you can't change your claim date or withdraw your claim.

What you can expect from us

- > After we receive your application form, we will check that it's complete and correct.
- > We will contact you if there are any issues.
- > Once your benefit has been processed, we will send you a letter with the details of your entitlement.

Where can I find out more about my benefit entitlements?

- > Visit our website at css.gov.au
- > See our **CSS transition to retirement** fact sheet
- > Get a benefit estimate using **Member Services Online**.
- > Contact us at the details shown at the end of this form
- > Obtain personal financial advice for your needs and goals (see overleaf).

Your Government Super at Work

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. You should obtain a copy of the CSS Product Disclosure Statement and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069
RSEL: L0001397 Trustee of the Commonwealth Superannuation Scheme (CSS) ABN: 19 415 776 361 RSE: R1004649
Industry Fund Services (IFS) ABN 54 007 016 195 AFSL 232514

Financial advice for your needs and goals

To help you achieve the best outcome for your superannuation and financial situation, consider obtaining personal advice for your needs and long-term goals from a qualified professional who understands your government super scheme and individual situation.

To make a personal advice service available to you, your super trustee, Commonwealth Superannuation Corporation, has partnered with experienced financial planners from Industry Fund Services. It is 'fee for service' advice, which means you receive a fixed quote up front. There are no obligations, commissions or hidden fees.

Your first meeting with your Industry Fund Services financial planner is free. To book today please call **1300 277 777** during business hours or visit csc.gov.au/advice to learn more.

Explanatory notes

Preservation age restrictions

Because you are continuing employment with the same employer, you cannot claim your deferred benefit until you reach your preservation age. Your preservation age is based on your date of birth as follows:

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

Lump sum payments have conditions

If you want to take any part of your benefit as a lump sum, you cannot take it as cash in hand. Instead, you must roll it over to a complying fund or retirement savings account (RSA).

Section D – Claim date

You must supply a claim date when completing your benefit application form. If you do not nominate a date we will return your form to you.

Because you are continuing in employment with the same employer, the date you nominate must be a date

on or after you reach your preservation age (refer to **Preservation age restrictions** above).

You can't nominate a claim date that is earlier than the date on which you are completing the benefit application form. Also, once you lodge your application, you can't change your claim date or withdraw your claim.

Section E – Benefit options

Option 1 – maximum pension, no lump sum

This option gives you a standard CPI-indexed pension together with an additional non-indexed pension purchased with your member and productivity components.

Option 2 – maximum pension, refund of productivity component

This option gives you a standard CPI-indexed pension together with an additional non-indexed pension purchased with your member component only.

Your productivity component will be paid as a lump sum which must be rolled over. Please provide rollover fund details in **Section G**.

Option 3 – standard CPI-indexed pension and lump sum

This option gives you standard CPI-indexed pension plus a lump sum of your member and productivity components.

The lump sum benefit must be rolled over. Please provide rollover fund details in **Section G**.

Option 4 – lump sum only, no pension

This option is only available to former provident account members who have reached age 60. It gives you a lump sum based on three times your accumulated basic contributions and fund earnings, plus any supplementary contributions and your productivity component.

You must roll over your entire lump sum. Please provide rollover fund details in **Section G**.

Section F – Your pension payment

Account details

We can only pay your pension into an Australian account held in your name. If it's a joint account, one of the names listed must be yours.

Election for reduced initial pension benefit in return for increased spouse's and/or children's pension benefit

If you tick yes we will reduce your pension to 93% of your full pension amount. In return, your eligible spouse will be entitled to 85% of your pension benefit.

Benefits to eligible children or orphans also increase under this option.

If you tick no, should a spouse's pension become payable, your spouse will be entitled to 67% of your pension entitlement at date of death.

You should be aware you can't change your choice if your situation with your spouse and/or children changes after you make this election.

For more information about reversionary benefits, please refer to the **Death Benefits** fact sheet.

Section G – Rollover details

You need to check that you can rollover your benefit to a complying super fund, rollover fund, retirement savings account (RSA), or use it to purchase an annuity.

Rollover fund nominations

You can nominate up to two rollover funds or RSAs to receive all or part of your lump sum benefit.

We will send all rollover payments directly to your nominated rollover fund(s). Please make sure you have the correct postal address of your fund(s).

Section H – Superannuation contributions surcharge

You only need to fill in this section if you have an outstanding surcharge debt. Please refer to the **Superannuation contributions surcharge** fact sheet for more information.

Section I – Taxation matters

Start date for taxation purposes

The start date relates to the date your eligible service period (ESP) started. We use it to calculate the various components of your super lump sum payment for taxation purposes. You'll need to contact your personnel section for your ESP date.

Generally, your ESP is the number of days between the date you started APS employment (which may be earlier than the date you joined the CSS), and the date we make your payment. If your CSS membership started before 1 July 1983 and you have a long service leave start date earlier than your CSS start date, that earlier date applies as your ESP start date.

We also include earlier periods of employment for which you paid a transfer value into the CSS in your ESP.

If you don't show a date in this section, we will use the date you joined the CSS as your start date.

Your tax file number (TFN)

If you don't give us your TFN, we are required to deduct tax at the top marginal rate plus the Medicare levy from your benefit.

Approval to advise your TFN to rollover funds

We will give your TFN to the receiving fund unless you instruct us not to. Please note that there are consequences for not supplying your TFN to a fund.

Note: We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit can be rolled over to another fund or paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

Section J – Declaration

If you don't sign this section, your form will be returned to you and your payment may be delayed.

Privacy

We are collecting the information on this form to determine your entitlement to benefits under the CSS. Where applicable, we will pass on identifying information to the rollover institutions you nominate.

We also pass on information about your CSS entitlements to the ATO, Centrelink and the Department of Veterans' Affairs.

Commonwealth Superannuation Corporation 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.

Commonwealth Superannuation Corporation 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 more information please visit csc.gov.au/privacy

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CD-A3
10/11

Deferred benefit continuing with same employer

Benefit application form

Read the **Explanatory notes** and each section of the form carefully before filling it in.

SECTION A Personal details

Reference number (AGS)

Title Mr Mrs Ms Miss Other

Your name
GIVEN NAME(S)

SURNAME

Date of birth
D D / M M / Y Y Y Y

Relationship details Married Single De facto

Start date of de facto relationship (if applicable)
D D / M M / Y Y Y Y

Spouse's name
GIVEN NAME(S)

SURNAME

Spouse's date of birth
D D / M M / Y Y Y Y

Your address
RESIDENTIAL ADDRESS

SUBURB/TOWN STATE POST CODE

POSTAL ADDRESS

SUBURB/TOWN STATE POST CODE

Your Government Super at Work

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. You should obtain a copy of the CSS Product Disclosure Statement and consider its contents before making any decision regarding your super.

Certification must appear on the front of the documents. All copies of documents supplied must be certified as true and correct copies of the original by one of the following:

- > a legal practitioner enrolled on the roll of a supreme court or the high court of Australia
- > a judge or magistrate of a court
- > a chief executive officer of a Commonwealth court
- > a registrar or deputy registrar of a court
- > a Justice of the Peace (JP)
- > a notary public
- > a police officer
- > an agent or a permanent employee of the Australian Postal Corporation with two or more years of continuous service in an office supplying postal services to the public
- > an Australian consular officer or an Australian diplomatic officer
- > a finance company officer with two or more years of continuous service with one or more finance companies
- > a person employed by, or an authorised representative, of the holder of an Australian financial services licence with two or more continuous years of service
- > a member of the Institute of Chartered Accountants of Australia (ICA), Certified Practising Accountants (CPA Australia) or National Institute of Chartered Accountants (NIA) with two or more years of continuous membership.

For a full list of certifying authorities, visit the Comlaw website at comlaw.gov.au

The certifying authority also must confirm in writing that you are the valid holder of the identification that you are presenting and that any copies are true copies of the original.

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

SECTION C Employment status declaration

I am continuing in employment with the same employer I was with at the time I deferred my CSS benefit. The name of my employer is:

NAME OF EMPLOYER

SECTION D Claim date

Please note that this date cannot be earlier than the date you complete and sign this benefit application form.

I,

FULL NAME

whose Reference number (AGS) is

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hereby give written notice to Commonwealth Superannuation Corporation that I wish to claim my deferred benefit on:

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"/>

SECTION E Benefit options

Select only **one** option

- Option 1** – Maximum pension, no lump sum – go to **Section F**.
- Option 2** – Maximum pension, refund of productivity component – go to **Section F** for pension payment instructions, then **Section G** for lump sum rollover instructions.
- Option 3** – Standard CPI-Indexed pension and lump sum of member and productivity components – go to **Section F** for pension payment instructions, then **Section G** for lump sum rollover instructions.
- Option 4** – Lump sum only, no pension (only available if you are a former provident account member and you have reached age 60) – go to **Section G**.

SECTION F Your pension payment

1. Account details for your pension payment

Name of institution

Name of account holder

Branch (BSB) number -
Must be six numbers

Account number
No more than nine numbers

2. Election for reduced initial pension benefit in return for increased spouse's and/or children's pension benefit

Do you want to take a reduced pension?

- Yes No

SECTION G Rollover details

If you are splitting your benefit between two funds, copy this page, complete the details and attach to this form.

I would like to rollover: (please choose one)

my entire lump sum benefit

OR

only part of my lump sum benefit (please choose one):

a gross dollar amount of

\$

OR

a percentage of lump sum

%

Rollover fund or RSA nominated to receive all or part of your lump sum

Name of Fund or RSA

ABN of Fund or RSA

AUSTRALIAN BUSINESS NUMBER

Membership Number
(known as Member
Client Identifier) for
Fund or RSA

USI of Fund or RSA

USI = Unique Superannuation Identifier

Postal address of Fund

SUBURB/TOWN

STATE

POST CODE

SECTION H Superannuation contributions surcharge

I would like my outstanding superannuation contributions surcharge debt deducted from either:

my standard CPI-indexed pension (permanent reduction)

OR

my additional non-indexed pension (permanent reduction)

OR

my lump sum benefit (if applicable)

SECTION I Taxation matters

What is your start date for taxation purposes?

D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is your tax file number?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tick this box if you don't want us to give your TFN to another super fund.

Pension recipients should also obtain and complete a Tax file number declaration form (obtainable from the ATO) in order to claim any available tax rebates and deductions. Attach the completed declaration to this application form.

Note: We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit can be rolled over to another fund or paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

SECTION J Declaration

I declare that:

- > I have been advised to read the **CSS Product Disclosure Statement** before completing this form.
- > I have been given enough information about the benefit options available to make an informed decision.
- > 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.
- > By choosing a benefit option in **Section E**, I understand that I am making a formal election under the provisions of the CSS legislation and this benefit election cannot be changed, except in certain circumstances approved by Commonwealth Superannuation Corporation.
- > I have made an election regarding the reduced pension option in **Section F** (if applicable) and understand that I cannot change this election.

Signature and date

SIGNATURE
<input type="text"/>

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need more information, call **1300 000 277** or email **members@css.gov.au**.

SECTION K Checklist

I have:

- > read all the **Explanatory notes**
- > attached certified copies of documents requested in **Section B** to prove my identity
- > elected a claim date in **Section D** which is not earlier than the date I completed this form
- > selected a benefit option in **Section E**
- > completed a reduced pension election and account details in **Section F**
- > included rollover fund details for my lump sum in **Section G** (if applicable)
- > attached my completed **Tax file number declaration** (for pension recipients only), and
- > signed the declaration in **Section J**.

You have now completed this form

Please return it, with any attachments to:

CSS
GPO Box 2252
Canberra ACT 2601

END FORM

 **EMAIL**
members@css.gov.au

 **PHONE**
1300 000 277

 **FINANCIAL ADVICE**
1300 277 777

 **POST**
CSS
GPO Box 2252
Canberra ACT 2601

 **WEB**
www.css.gov.au

 **OVERSEAS CALLERS**
+61 2 6272 9621

 **FAX**
(02) 6272 9612