



AFSL: 238395
ABN: 50 925 523 120
Board ABN: 72 406 779 248

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) or 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 or 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.

Completing this form

Complete:

- 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 DFRDB Authority at the address in Part Q.

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

The DFRDB Authority 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 then 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/the DFRDB Authority 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 – 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.

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

Options (continued)

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), the MSB Board 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.

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.

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.

Tax File Number

In accordance with the Taxation Laws Amendment (Tax File Numbers) Act 1988, the DFRDB Authority and the MSB Board are 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).

Tax File Number Declaration form

If you have not been issued a TFN you should lodge an Australian Taxation Office (ATO) Application/Enquiry form with the ATO. Forms are available at all Taxation Offices. You must provide proof of identity at the time you lodge the 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 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.

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.**

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

A Financial Advisor may also be able to assist.

Privacy

The DFRDB Authority, the MSB Board and their 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.

The DFRDB Authority, the MSB Board 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 Orima Research 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 Orima Research, please put a cross in the box at Question 46A on page 16 of the benefit application form.

Contact

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

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

Visit Unit 4 Cameron Offices Chandler Street Belconnen ACT 2617	Mail PO Box 22 Belconnen ACT 2616	Email members@dfrdb.gov.au members@enq.militarysuper.gov.au
Phone <i>for the cost of a local call</i> DFRDB: 1300 001 677 MSBS: 1300 006 727	Fax (02) 6272 9616	Internet www.dfrdb.gov.au www.militarysuper.gov.au

Disclaimer

IT IS IMPORTANT YOU KNOW - THIS DOCUMENT CONTAINS GENERAL ADVICE OR INFORMATION ONLY

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. Therefore, 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 do so with or without the assistance of a licensed financial advisor.

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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. Title
 Surname
 Given names

5. Former surname (if applicable)

6. Date of birth
day month year

7. Contact details before discharge
 Home phone ()
 Work phone ()
 Email

8. Postal address **after** discharge

 Postcode

PART A
(continued)

9. Contact details **after** discharge
- Home phone () _____
- Work phone () _____
- Mobile phone _____
- Email _____

10. Your marital status:

- Single › Go to Part B
- Married
- De facto - Date commenced de facto relationship: _____
- day month year

11. Spouse's details

Surname _____

Given names _____

Date of Birth _____

day month year

PART B
Exit Details

12. Discharge Centre _____
- Phone number (if known) _____

13. Date of **Medical** discharge _____
- day month year

14. Substantive Rank _____

15. Were you in receipt of DFRDB Retirement Pay prior to this period of service?

- No
- Yes - Please complete Question 17

PART C
Superannuation
Contributions
Surcharge

16. If you have a Superannuation Contributions Surcharge debt, it will be taken from the Superannuation Productivity lump sum benefit. This is the default provision. However you can elect to have your debt deducted from your DFRDB benefit instead. If you make such an election and also elect to commute Retirement Pay, the debt will be deducted from your commutation lump sum.
- Default provision to apply
- Deduct from DFRDB Benefit

PART D
Invalidity Pay payment
details (if applicable)

17. 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: Building Society Credit Union Bank

Name of financial institution _____

Branch name _____

Branch No. (BSB) _____

Account No. _____

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

PART E
Superannuation
Productivity

18. 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. Go to Question 20
- Roll over all. Complete Question 19
- Roll over part, take the rest as cash lump sum. Complete Questions 19 & 20

19. This form allows you to provide details for up to 2 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 **first** fund _____

Fund Identification No. _____

Australian Business No. (ABN)
of rollover fund **OR** _____

Superannuation Fund No. (SFN) _____

Rollover Identification No. _____

Superannuation Product
Identification No. (SPIN) **OR** _____

Membership No. for fund _____

Amount \$ _____

PART E
(continued)

SECOND FUND

Name of second fund _____

Fund Identification No. _____

Australian Business No. (ABN)
of rollover fund **OR** _____

Superannuation Fund No. (SFN) _____

Rollover Identification No. _____

Superannuation Product
Identification No. (SPIN) **OR** _____

Membership No. for fund _____

Amount \$ _____

- 20.** 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 Question 17, Part D). If you are taking part only as a cash lump sum, write the amount. The account must be in Australia.

Type: Building Society Credit Union Bank

Name of financial institution _____

Branch name _____

Branch No. (BSB) _____

Account No. _____

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

PART F
Commutation

- 21.** 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 - Do you elect to (one only):
- commute the **maximum** entitlement
- commute 4 times Retirement Pay
- receive a commutation lump sum of \$ _____

PART F **(continued)**

- 22.** You have the choice of applying your post June 1983 contributions (i.e. your Non concessional Contributions) towards the commutation lump sum, to provide a tax free component of the lump sum, or towards your Retirement Pay to provide an annual fixed tax free amount of Retirement Pay.

Do you want to apply your post June 1983 Non-concessional Contributions to:

- A - Your Retirement Pay
 B - Your commutation lump sum

If you paid more in superannuation and life insurance premiums before July 1983 than you could claim as a tax deduction, you should indicate the excess contributions amount below. Any excess contributions will be added to your Non-concessional Contributions.

Pre 1 July 1983 excess contributions \$ _____

(This amount can be obtained by telephoning the Australian Taxation Office (ATO) on 13 10 20, or by writing to ATO, PO Box 2000, Moonee Ponds VIC 3039, and quoting your TFN.)

- 23.** Do you want to roll over any of your commutation lump sum?

- No - Take all as cash lump sum. Go to Question 24
 Yes - Select your option for roll over (one only):
 Roll over all. Go to Question 26
 Withdraw Member Contributions and roll over balance
 (the Non-concessional Contributions will be paid as a tax free lump sum)
 Withdraw \$ _____ gross as a cash lump sum and roll over the balance

Cash lump sum

- 24.** If you would like your cash lump sum paid into the account nominated at either Part D or Part E, please indicate below:

- Pay into account nominated in Question 17, Part D
 Pay into account nominated in Question 20, Part E

If you would like your cash lump sum paid into a different account, please complete Question 25.

- 25.** Give details of the account you would like your cash lump sum paid into. If you are taking part of your commutation only, indicate the amount. The account must be in Australia.

Type: Building Society Credit Union Bank

Name of financial institution _____

Branch name _____

Branch No. (BSB) _____

Account No. _____

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

Rollover

26. 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 Question 19, Part D

Pay the amount of \$ _____ into the rollover fund nominated in Question 19, Part D

If you would like any of your commutation lump sum paid into a different rollover fund, please complete Question 27.

27. Give details of the fund/s you want your commutation lump sum paid into. This form allows you to provide details for up to 2 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 **first** fund _____

Fund Identification No. _____

Australian Business No. (ABN)
of rollover fund **OR** _____

Superannuation Fund No. (SFN) _____

Rollover Identification No. _____

Superannuation Product
Identification No. (SPIN) **OR** _____

Membership No. for fund _____

Amount \$ _____

SECOND FUND

Name of **second** fund _____

Fund Identification No. _____

Australian Business No. (ABN)
of rollover fund **OR** _____

Superannuation Fund No. (SFN) _____

Rollover Identification No. _____

Superannuation Product
Identification No. (SPIN) **OR** _____

Membership No. for fund _____

Amount \$ _____

PART G
MSB Scheme
Ancillary Benefit
Options

28. Choose your options for your MSB Scheme Ancillary Benefit.

- Claim now - Please go to Question 29
- Do not claim - Please go to Part H
- Not applicable (You do not have an Ancillary Benefit) - Please 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	Roll over
		Only if you have reached preservation age and satisfied the Condition of Release (see below)	Any time
		See Questions 30 and 31	See Questions 32 and 33
All types OR	100% only >	<input type="checkbox"/>	<input type="checkbox"/>
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.

Cash only

29. If you are cashing out any of your Ancillary Benefit, and would like it paid into the account nominated in Question 17, 20 or 25, please indicate below:

- Pay into account nominated in Question 17, Part D
 Pay into account nominated in Question 20, Part E
 Pay into account nominated in Question 25, Part F

If you would like your Ancillary Benefit paid into a different account, please complete Question 30.

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

Type: Building Society Credit Union Bank

Name of financial institution _____

Branch name _____

Branch No. (BSB) _____

Account No. _____

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

Rollover only

31. If you are rolling over any of your Ancillary Benefit, and you nominated a single fund at Question 19 or 27 and would like your Ancillary Benefit paid into either of those funds, please indicate below:

- Pay into fund nominated in Question 19, Part E
 Pay into fund nominated in Question 27, Part F

If you would like your Ancillary Benefit paid into a different fund, please complete Question 32.

32. 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 **first** fund _____

Fund Identification No. _____

Australian Business No. (ABN)
 of rollover fund **OR** _____

Superannuation Fund No. (SFN) _____

Rollover Identification No. _____

**Rollover only
(continued)**

Superannuation Product
Identification No. (SPIN) **OR** _____

Membership No. for fund _____

Ancillary Benefit type 1) _____

2) _____

3) _____

4) _____

SECOND FUND

Name of **first** fund _____

Fund Identification No. _____

Australian Business No. (ABN)
of rollover fund **OR** _____

Superannuation Fund No. (SFN) _____

Rollover Identification No. _____

Superannuation Product
Identification No. (SPIN) **OR** _____

Membership No.
for fund _____

Ancillary Benefit type 1) _____

2) _____

3) _____

4) _____

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

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

Date of leaving school

_____)
 day month year

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

Year of completion

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

Years of completion

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

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

Year(s) of study

If you need more space please attach additional details

PART I
Your pre-service employment history

38. Include self-employment and periods of unemployment.

Name of employer

Employed as

Brief description of duties undertaken

Duration

from _____)
 day month year
 to _____
 day month year

PART J
In-service training

39. What education or trade courses have you completed?

Years of completion _____

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

41. 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

42. Include self-employment and periods of unemployment.

Employed as _____

Brief description of duties undertaken _____

Duration from

day	month	year

 to

day	month	year

Employed as _____

Brief description of duties undertaken _____

Duration from

day	month	year

 to

day	month	year

PART K
(continued)

Employed as _____

Brief description of duties undertaken _____

Duration from
 day month year
to
 day month year

.....

Employed as _____

Brief description of duties undertaken _____

Duration from
 day month year
to
 day month year

.....

Employed as _____

Brief description of duties undertaken _____

Duration from
 day month year
to
 day month year

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

PART L **Identification** **requirements**

43. To protect against fraud, safeguard your benefit and comply with the Government's recently introduced 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 an information officer 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 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	

All copies of documents provided to MilitarySuper 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 permanent employee of the Australian Postal Corporation in an office supplying postal services to the public
- an Australian consular officer or an Australian diplomatic officer
- a finance company officer with 2 or more years of continuous service with one or more Finance Companies
- a person employed by or an authorised representative of the holder of a financial services licence with two or more continuous years of service
- a member of the Institute of Chartered Accountants (ICA), Certified Practising Accountants (CPA Australia) or National Institute of Chartered Accountants (NIA) with 2 or more years of continuous membership

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

PART M

Tax File Number

44. Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving us your TFN will have the following advantages (which may not otherwise apply):

- We will be able to accept all types of contributions (subject to scheme rules);
- The tax on contributions to your superannuation account/s will not increase;
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- It will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If you have already provided your TFN to ComSuper, you are under no obligation to provide it again in this application.

Your Tax File Number

____ _ ____ _ ____ _

Your Tax File Number remains confidential

- 44A. Can the DFRDB Authority and/or the MSB Board give your TFN to the Rollover Fund(s)/RSA(s) nominated above?

Yes No Not applicable

PART N

Document list

45. 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 your local Taxation Office.

- Print from Department of Defence showing In-service Education Training (you must provide this document if possible – see Part J)
- Print 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

13. I declare that:

- I have been advised to read the Product Disclosure Statement (PDS) [DFRDB Book] for the Military Superannuation and Benefits Scheme (MilitarySuper) [Defence Force Retirement and Death Benefits (DFRDB) Scheme] before completing this application form
- I understand the options available for my benefit entitlement;
- the information I have supplied is complete and correct;

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 of Tax;
- the TFN I have provided is the same number advised to me by the Australian Tax Office
- the Tax File Number will be provided to a rollover fund unless I advise the MSB Board 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.

Your signature _____

Date

_____|_____|_____|_____|_____|_____|
 day month year

- 46A. I do not want my contact details passed to Orima Research 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

47. Reference number _____

I, _____ (insert name)

of _____ (insert address)

authorise the Department of Defence to make available to the Defence Force Retirement and Death Benefits (DFRDB) Authority, the Military Superannuation and Benefits Board 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 the DFRDB Authority, the MSB Board 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, the DFRDB Authority and/or the MSB Board 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.

Your signature _____

Date

_____|_____|_____|_____|_____|_____|
 day month year

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.

PART Q **Lodgement**

48. Send your completed application and attachments to:

DFRDB
 PO Box 22
 BELCONNEN ACT 2616