



Associate deferred invalidity retirement

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 persons claiming a CSS associate deferred benefit on invalidity grounds. To be eligible to claim on invalidity grounds, ARIA must have approved the release of the benefit on the grounds that you are totally and permanently incapacitated.

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.

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 www.css.gov.au.
- > See our **Tax and your CSS benefit** fact sheet.
- > Contact us at the details below.

We can't give you financial advice about your benefit options—you should consider seeking advice from a licensed professional such as a financial planner, accountant or solicitor.

Explanatory notes

Benefit option

An associate CSS deferred benefit is paid out as a standard CPI-indexed pension and a lump sum. You can take the lump sum as cash or roll it over to another fund.

Section C – 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 must be yours.

Section D – Your lump sum cash payment

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

Taxation legislation states once an amount has been paid to you or deposited in your bank account, you cannot subsequently roll it over.

Section E – 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 make all rollover cheques payable to your nominated rollover funds and unless you specify otherwise, send them directly to your nominated fund(s).

Can I choose which component of the benefit to rollover first?

While you may request that the components of your benefit be paid in a specific manner, the payment will be subject to proportioning.

Proportioning rules require that your taxable and tax-free components be spread in equal proportions across those parts of the benefit payment you receive as cash or rollover.

Section F – Taxation matters

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.

Section G – 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.

ARIA 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.

ARIA 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 www.aria.gov.au/privacy.



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

SECTION A Personal details

Reference number (AGS)

Salutation Mr Mrs Ms Miss Other

Your name
GIVEN NAME(S)

SURNAME

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

Address
POSTAL ADDRESS

SUBURB/TOWN STATE POST CODE

RESIDENTIAL ADDRESS

SUBURB/TOWN STATE POST CODE

Your phone numbers
BUSINESS HOURS AFTER HOURS

MOBILE

Would you like to receive an SMS to confirm we have received your application?
 No Yes

Your email address

@

SECTION B Identification requirements

To protect against fraud, money laundering, terrorism financing and safeguard your benefit, we need you to supply documentation to prove your identity. Under some circumstances we may request further information from you.

You will need to supply certified copies of **one** document from **column A** in the table below **AND** certified copies of **three** documents from **column B**.

A	B
Passport (current or expired by less than two years)	Medicare card
Birth certificate or extract, issued by an Australian or foreign government (either in English or accompanied by an English translation prepared by an accredited translator)	A current statement from a financial institution with the same address and name as on the application and not more than three months old. This statement must be the account that you are requesting payment into
Birth card issued by a state registry of births, deaths and marriages	Copy of an electricity bill with the same address and name as on the application
Australian citizenship certificate	Copy of a telephone bill with the same address and name as on the application
Current drivers licence or permit issued by state or territory or foreign government	Copy of a gas bill with same address and name as on the application
Current identification card issued to a public sector employee	Copy of a rates bill with same address and name as on the application
An identification card issued to a student at a tertiary education institution	Valid credit card
Pension or other social security benefit card	A document from column A not yet provided
Proof of age card issued by a state or territory, containing your photograph	Copy of a tax return letter from the Australian Taxation Office with the same address and name as on the application
A national identity card, containing your photograph, issued by a foreign government (either in English or accompanied by an English translation prepared by an accredited translator)	A letter from Centrelink or Department of Veterans' Affairs with the same address and name as on the application
Citizenship certificate issued by a foreign country (either in English or accompanied by an English translation prepared by an accredited translator)	

For example, you could supply a copy of your birth certificate (from **column A**) and copies of your Medicare card, a phone bill and an electricity bill (from **column B**).

If you are supplying copies of bills or statements, you should black out any personal financial information or details of transactions in order to protect your privacy. We will store copies of identification electronically in a secure environment and securely destroy the paper copies. We will use all copies only for the purpose of confirming your identity.

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 www.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 Your pension payment

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

SECTION D Your lump sum cash payment (if applicable)

I would like my lump sum cash payment to be comprised of either (please choose one):

a percentage of the total lump sum
 %

OR

a gross dollar amount of
\$

OR

the benefit balance after any rollovers.

Name of institution

Name of account holder

Branch (BSB) number
Must be six numbers -

Account number
No more than nine numbers

SECTION G Declaration

I declare that:

- > I have been advised to read the **CSS Product Disclosure Statement** before completing this form
- > all information I have supplied is complete and correct.

Signature and date

SIGNATURE

Date signed

<small>D</small>	<small>D</small>	/	<small>M</small>	<small>M</small>	/	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>
<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**.

Member checklist

- I have:
- > filled in all the sections applicable to me
 - > attached certified copies of documents requested in **Section B** to prove my identity
 - > provided bank account details in **Section C** (and **Section D** if applicable)
 - > attached my completed **tax file number declaration**
 - > signed the declaration in **Section G**.

You have now completed this form

Please send it to:

CSS
PO Box 22
BELCONNEN ACT 2616

END FORM