



CSS Associate deferred benefit

Invalidity benefit claim form Benefit application form and information leaflet

The attached benefit application form and explanatory notes are to be used by persons claiming an associate deferred benefit on invalidity grounds.

Note: Before completing this form, ARIA must have approved release of the benefit on the grounds that you are totally and permanently incapacitated.

Read this first

These explanatory notes are intended to assist you to complete the attached benefit application form. They are not intended to provide a detailed explanation of your benefit payment options.

It is suggested that you separate the notes from the form (if joined) so that you can refer to them as you complete the application form.

- > Our Call Centre can provide details of your benefit entitlement, explain the benefit options and provide information on the value of your prospective benefits. For more information:
 - Telephone: 1300 000 277
 - Facsimile: (02) 6272 9612 or
 - Email: css.members@comsuper.gov.au
- > It is in your interest to seek professional advice before you make a decision on a benefit. We cannot provide you with financial advice.

See also **Section C—Information Acknowledgment**, to complete an acknowledgment that you have received sufficient information to make an informed decision about how you would like your benefit paid.

Forms you need to complete when claiming your CSS associate deferred benefit

- > the attached Associate Benefit Application form
- > a 'Tax File Number Declaration' is obtainable from the Australian Taxation Office (ATO), or designated newsagents that distribute ATO forms.

Forms you need to complete when claiming your CSS deferred benefit

- > the attached Benefit Application form;
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The benefit application form

Your accurate completion of the Benefit Application form allows us to process the application as soon as possible after it is received. Take care when completing this form. If you do not complete the Benefit Application form correctly, the processing of your benefit will be delayed, or may be paid incorrectly.

Please complete all the boxes in this Section. It enables us to identify you and tells us where we can contact you.

Section A – Contact details

The postal address you provide is where all correspondence will be sent.

A contact phone number is also required in case we need to contact you regarding the payment of your benefit.

If you have an email address, inclusion of your current email address will be helpful.

Section B – Identification requirements

To guard against fraud, money laundering, terrorism financing and to protect your benefit, we require you to provide us with enough identification to verify your identity before your benefit request can be processed.

You are required to provide certified copies of four identifying documents. Faxed copies are unacceptable. The person certifying the documents must attest that the documents are true copies, and that you are the valid holder of the identification.

Copies of your documents will be scanned and stored on our secure document management system. These electronic copies will be used only to confirm your identity. The original copies will be securely destroyed. Please do not supply original documents.

To further safeguard your privacy, any personal financial information should be blacked out on the copy that you send to us.

Section C – Information acknowledgement

Please complete this acknowledgment that you have received and understood sufficient information to be able to make an informed choice of how you would like your benefit paid, before completing this form.

Section D – Benefit payment options

This section contains the benefit options that are available to CSS associate deferred benefit members who are claiming their benefit on invalidity grounds.

The unfunded part of a CSS associate deferred benefit is paid as an indexed pension and the funded portion as a lump sum. The lump sum can be taken in cash or rolled over.

Section E – Benefit payment arrangements

This section allows you to nominate how your lump sum will be paid.

All rollovers must be made to a complying superannuation fund, rollover fund, Retirement Savings Account (RSA), or be used to purchase an annuity.

The CSS will not deduct tax from any amount rolled over to a rollover fund. The rollover fund will deduct 15 per cent tax from any 'post-30 June 1983 untaxed component' of the lump sum at the time of rollover. Payment of the 15 per cent tax will change the nature of this amount from an 'untaxed amount' to a 'taxed amount' in the rollover fund.

Taxation legislation provides that, once an amount has been paid to you or deposited in your bank account, it cannot be subsequently rolled over.

Lump sum payments

E1–Lump sum cash payment

This section allows you to advise what portion of your lump sum is to be paid in cash. You are able to select a gross dollar amount, a percentage of the lump sum amount, or if you have selected a rollover in section E2, the balance of the lump sum benefit.

You may also choose to be paid a cash lump sum of any non-concessional Contributions included in your lump sum. Non-concessional contributions are contributions paid into the CSS by your former spouse after 1 July 1983. These are tax free.

You also have to complete bank account details in Sections E3 to E7, to advise us where the cash payment is to be made.

E2–Rollover fund nominations

You can nominate two rollover funds or RSA's to receive all or part of your lump sum benefit. Complete one nomination if you are going to roll over your complete benefit to one fund. Complete both nominations to provide details of a second fund if you are going to split the amount.

When completing this section you must include the name and the Superannuation Fund Number (SFN) and/or Australian Business Number (ABN) for the nominated rollover fund or RSA. You must also provide your Membership Number for the rollover fund or RSA or, if you have not yet been issued with a Membership Number, a Superannuation Provider Product Identification Number (SPIN). These details can be obtained from the rollover fund or RSA concerned. Failure to provide these details will result in delays in the payment of your benefit.

All rollover cheques will be made payable to your nominated rollover fund (s) and sent C/- you at your home address, unless extenuating circumstances exist.

Which part of the benefit should be rolled over first?

You might find it useful to read the CSS booklet **Taxation of Lump Sum and Pension Benefits** before making a decision on the break up of your rollover nomination.

Any lump sum benefit may contain monies that are both 'taxed' and 'untaxed'. (Refer to the above mentioned booklet for a comprehensive explanation of these terms.)

Generally speaking, the part of your benefit which is 'taxed' usually comprises fund earnings on the taxed component of your transfer amount. These amounts are subject to contributions tax while in the Fund and are taxed separately at the time of payment.

The part of your benefit that is generally 'untaxed' is the employer component which is paid direct from Commonwealth Revenue and has not been reduced by the contributions tax. Productivity amounts paid to your former spouse by his/her employer before 1990 are treated as untaxed amounts. When paid as a cash benefit, the 'untaxed' amount attracts a higher rate of tax. If rolled over, the gaining fund will deduct the 15 per cent contributions tax from the untaxed amount.

Bank account details

Complete this section if you are electing to receive a cash lump sum or a pension as all or part of your benefit.

E3–Name of financial institution

What is the name of your Bank/Building Society/Credit Union

E4–Address of bank

What is the Branch address?

E5–BSB number

Please ensure that you include your financial institution's Bank and State Branch (BSB) code, otherwise your payment may be delayed. If you do not know the BSB code, ask your financial institution.

E6–Account number

Please ensure that you use a correct account number—note that it has a maximum of nine (9) digits and is not necessarily the same as your Automatic Teller Machine (ATM) access card number.

It is very important that these details are correct and legible, as incorrect BSB or account numbers can lead to payments going astray or being returned to us.

Return of payment from the banking system and reissue can take a minimum of two weeks to finalise.

E7–Account names

Benefit payments can only be made to an account that is in your name. The account can be in your name alone, or in joint names. If it is a joint account one of the names must be yours.

Section F – Taxation matters

F1–Start date for taxation purposes

For taxation purposes, your lump sum benefit is called a Superannuation Lump Sum Payment. The start date relating to your associate deferred benefit is the date you first became eligible for the associate deferred benefit. This date is used to calculate the various components of your Superannuation Lump Sum Payment for taxation purposes.

F2–Your Tax File Number

Completing this section is optional. It allows you to provide your Tax File Number (TFN). Your TFN is used both in determining the tax rate to apply when calculating the tax payable on your benefit, and for superannuation purposes.

The CSS, acting on behalf of ARIA, is authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*.

If you do provide your TFN, we will only use it for legal purposes, which currently include:

- > finding or identifying your superannuation benefits where the other information is insufficient
- > calculating tax on any Superannuation Lump Sum Payment you may be entitled to
- > providing information to the Commissioner of Taxation and
- > providing it to the trustee of another superannuation fund to which your benefits are transferred in the future, unless you specifically instruct us not to. We will not pass your TFN to any other fund if you tell us, in writing, not to do so. (See Section F3.)

Note: These purposes may change in the future.

Otherwise, we will treat your TFN as confidential.

It is not an offence if you do not provide your TFN but you may pay more tax on your benefits than you would otherwise, ComSuper will be obliged to deduct tax at the highest Marginal Tax Rate plus Medicare Levy. Of course, this additional tax may be reclaimed through the income tax assessment process when you lodge your tax return for the year of payment.

F3–Approval to advise your TFN to rollover funds

We will provide 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.

F4–‘Tax File Number Declaration’

If you wish to claim the tax free threshold (and/or any available rebates and deductions) against your pension benefit, you should complete a ‘Tax file Number Declaration’ and attach it to your benefit application. These declarations are obtainable from the ATO or designated newsagents that distribute ATO forms.

After your benefit is paid

Documents you may receive from us

After your benefit is paid you will receive some documents associated with your entitlements. Depending on which benefit you choose, these documents may include:

- > a benefit payment letter, advising you of your benefit entitlement and when your payment will be made;
- > a ‘Superannuation Rollover Statement’, in duplicate for each rollover nominated in Section E, which shows the break up, for taxation purposes of each rollover you nominate;
- > a ‘PAYG Payment Summary’, in duplicate, for any lump sum cash payment paid to you;
- > a rollover payment cheque (or cheques), made payable to your nominated rollover fund(s); and
- > a pension payment summary and a bi-annual pension increase advice (which are sent to you in January and July each year).

Do NOT lose these documents. They may be required to complete tax returns, lodge rollovers, or apply for Centrelink benefits, etc. It will take some time to issue replacements.

Rollover requirements

Rollover cheques are sent to you at the postal address you nominate on your Benefit Application form. **It is your responsibility to lodge them with the rollover fund with a copy of the Rollover Benefits Statement.**

Note: Do not send any rollover forms to us.

Interest on your lump sum

Your benefit will be credited with additional interest from the date the benefit becomes payable through to the date the benefit is paid.

What next?

When you have completed your benefit application form, the completed form should be sent to us.

Privacy

We are collecting the information on this form to determine your entitlement to benefits under the legislation governing the CSS. Where applicable, identifying information will be passed on to the rollover institutions you nominate. Information about your CSS entitlements is also passed to the ATO, Centrelink and the Department of Veterans' Affairs.

We are committed to protecting your privacy and your personal information is not disclosed to another party without your consent, or unless required by law.

ARIA will from time to time send you news and information about new products or services you might be interested in, or invite you to participate in member research. If you would prefer not to receive information about new products and services or participate in member research, you can advise us by calling us on 1300 000 277.

Change of address

If you receive a pension it is very important that you advise us of any change in your postal address or your bank account details. This will enable us to forward information to you each year regarding your benefit.

All enquiries: 1300 000 277

Unclaimed benefits

If you have claimed your benefit and made an election to receive a lump sum benefit but have not provided details of where the lump sum is to be paid, we may pay your lump sum to the Eligible Rollover Fund (ERF) nominated by ARIA.

Any outstanding benefits will also be paid to the ERF if a rollover payment cheque is returned unclaimed or goes stale (e.g. not presented within 15 months of the issue date).

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CSS Associate Deferred Benefit

Invalidity Retirement Benefit Application

Hints for using this form

- > **Read the Explanatory Notes and each section of the form carefully** before filling it in
- > Use Capital Letters and a Black pen
- > Sign your name where needed. **If you don't sign the relevant sections of the form, it will be returned to you.**

SECTION A – Personal details

Reference (AGS) number	<input type="text"/>						
Title (please tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>						
YOUR NAME Surname	<input type="text"/>						
Given name/s	<input type="text"/>						
Your date of birth	<table border="0"> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
YOUR CONTACT DETAILS Your residential address	<input type="text"/>						
	<input type="text"/>						
	STATE <input type="text"/> POSTCODE <input type="text"/>						
Your postal address	<input type="text"/>						
	<input type="text"/>						
	STATE <input type="text"/> POSTCODE <input type="text"/>						
Contact phone number	<input type="text"/>						
Email address	<input type="text"/>						
	<input type="text"/>						

Information about new products and services and member research

I do not wish to receive information about new products and services or participate in member research

SECTION B – Identification requirements

To protect against fraud, money laundering, terrorism financing and safeguard your benefit, we need you to provide documentation to prove your identity. Please be aware that under some circumstances we may request further information from you.

To do this, you will need to provide certified copies of **one** document from column A in the table below **AND three** documents from column B.

For example, you could provide 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).

Faxed copies of documents are not acceptable.

A	B
Passport (current or expired by less than 2 years)	Medicare card
Birth Certificate	A current statement from a financial institution with the same address and name as on the application
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	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

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 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.

All copies of documents provided to ComSuper 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

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

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

SECTION C – Information acknowledgment

[Benefit processing may be delayed if this acknowledgment is NOT completed].

I have been given enough information to make an informed decision about how I would like my benefit to be paid and I have been advised to read the CSS Retirement Options Product Disclosure Statement before completing this form.

SIGNATURE

DATE

DAY			MONTH			YEAR		
			/			/		

If you need more information, or would just like to talk about the options you have, please call our Call Centre on telephone 1300 000 277, facsimile (02) 6272 9612, or email members@css.gov.au

SECTION D – Benefit payment options

CPI indexed pension and lump sum of the funded component

I,

whose Reference (AGS) No. is

AGS NUMBER

Acknowledge and understand that my CSS associate deferred benefit is payable as a CPI indexed pension (representing the untaxed component of the transfer amount) plus a lump sum (being the taxed component). I also acknowledge that I am aware that reversionary benefits will not apply, in the event of my death, in respect of my associate deferred benefit.

SIGNATURE

DATE

DAY			MONTH			YEAR		
			/			/		

SECTION E—Benefit payment arrangements

E1. Lump sum cash payment—complete this to tell us how much of your lump sum you would like as a cash payment.

Lump sum cash payment, comprising: *[See also Sections E3 to E7 for bank account details]*

Either: A gross dollar amount:

Or A percentage of my lump sum: %

Or My Non-Concessional Contributions only

Or The benefit balance after any rollovers (This will be the total of your benefit if you are not rolling over any part of your lump sum)

E2. Rollover Fund or Retirement Savings Account (RSA) nominated to receive all or part of your lump sum (other than the compulsorily preserved component).

Name of first nominated Fund or RSA

Super Fund Number (SFN) for Fund or RSA

and/or

Australian Business Number (ABN) for Fund or RSA

PLUS

Membership number for Fund or RSA

OR

Superannuation Product Identification Number (SPIN) for Fund or RSA

(These numbers can be obtained from the rollover fund or RSA concerned—refer to Section E3 of the Explanatory Notes for further details.)

The amount you would like to be paid to this Rollover fund or RSA:

Either: A gross dollar amount:

Or A percentage: %

Or The balance of my lump sum benefit

Name of second nominated Fund or RSA

Super Fund Number (SFN) for Fund or RSA

and/or

Australian Business Number (ABN) for Fund or RSA

PLUS

Membership Number for Fund or RSA

OR

Superannuation Product Identification Number (SPIN) for Fund or RSA

(These numbers can be obtained from the rollover fund or RSA concerned—refer to Section H3 of the Explanatory Notes for further details.)

Section E continued over page

Section E continued

The amount you would like to be paid to this Rollover fund or RSA:

Either: A gross dollar amount: \$

Or A percentage:

Or The balance of my lump sum benefit

IF YOU HAVE SPECIFIC INSTRUCTIONS RELATING TO WHICH COMPONENTS OF YOUR BENEFIT SHOULD BE TAKEN AS A CASH PAYMENT OR ROLLED OVER, PLEASE ATTACH THESE DETAILS SEPARATELY

Additional instructions attached YES NO

You have now completed this sub-section. You must now go to **Bank Account Details**, to tell us where you would like your lump sum cash benefit and/or pension benefit paid.

Bank account details

Please provide the account details for the payment of any cash lump sum and/or pension.

E3. What is the name of your bank/building society/credit union?

E4. What is the branch address?

STATE

POSTCODE

E5. What is your bank/building society/credit union state branch number (BSB No.)?

E6. What is your account number?

E7. My account is in the name(s) of:

Note: If the BSB or account number you provide is incorrect the payment will not be accepted by your financial institution. If you have any doubts what your correct BSB or account number is, you should confirm these details with your financial institution before including them in this form.

You have now completed this section. You must now go to **Section F – Taxation Matters**, to tell us your taxation information.

SECTION F – Taxation matters

F1. What is your Tax File Number?

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ComSuper, acting on behalf of ARIA, is authorised to collect your Tax File Number (TFN) under the provisions of the *Superannuation Industry (Supervision) Act 1993*. The legal uses of your TFN are summarised in Section G of the Explanatory Notes.

Important Note: If you have already provided your TFN to us you are under no obligation to provide it again when making an application for benefits. However, if your TFN is NOT recorded by us, payment of your benefits may be delayed.

F2. Can we give your TFN to the Rollover Fund(s) / RSA(s) nominated above? YES NO

Tax File Number Declaration

F4. 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 application form.**

Member checklist

Have you:

- read all the explanatory notes, received a benefit estimate, and any other information you require to make an informed choice;
- filled in all the sections applicable to you;
- signed the Declarations at Sections C;
- signed an election option in Section D;
- completed cash payment and/or rollover nomination details at Section E1 and/or E2;
- completed the bank account details in sections E3 to E7;
- provided your TFN in Section F1;
- attached certified copies of documents requested above to prove your identity
- attached your completed 'Tax File Number Declaration'?

YOU HAVE NOW COMPLETED THIS FORM

Please send it to:

CSS
PO Box 22
BELCONNEN ACT 2616

END FORM