



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 **www.css.gov.au**.
- > See our **CSS transition to retirement** fact sheet
- > See our **Tax and your CSS benefit** fact sheet.
- > Get a benefit estimate using **member services online**.
- > 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

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 make all rollover cheques payable to your nominated rollover funds and unless you specify otherwise, send them directly to your nominated 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.

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.

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

This page has been intentionally left blank.

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 / /

Relationship details Married Single De facto

Start date of de facto relationship (if applicable) / /

Spouse's name
GIVEN NAME(S)

SURNAME

Spouse's date of birth / /

Your address
RESIDENTIAL ADDRESS

SUBURB/TOWN STATE POST CODE

POSTAL ADDRESS

SUBURB/TOWN STATE POST CODE

Your phone numbers
BUSINESS HOURS AFTER HOURS

MOBILE NUMBER

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. Please be aware that under some circumstances we may request further information from you.

To do this, 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 I Taxation matters

What is your start date for taxation purposes?

D	D	M	M	Y	Y	Y	Y

What is your tax file number?

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

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.

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.
- > All information I have supplied is complete and correct.
- > 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 ARIA.
- > 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

Date signed

D	D	M	M	Y	Y	Y	Y

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
PO Box 22
BELCONNEN ACT 2616

END FORM