



Application for superannuation information

Family Law Act 1975

SECTION A General information

The *Family Law Act 1975* allows an eligible person to request ARIA, the Trustees of the Commonwealth Superannuation Scheme (CSS) to provide certain information about a member's superannuation account. An eligible person is a member of the CSS; or the spouse of a member of that scheme; or a person who intends to enter into a superannuation agreement with a member of the CSS.

To obtain information about your superannuation account, or a member's superannuation account, you must complete this application, together with the accompanying declaration (Form 6), which is made in accordance with subsection 90MZB of the *Family Law Act 1975*.

If you are requesting information about yourself and your spouse (that is, you are both members), you will need to complete a separate application and declaration to obtain your spouse's information.

SECTION B Personal details

Please complete part A or B as appropriate

A. Complete this part if you are a CSS member

Reference number (AGS)	<input type="text"/>
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	BUSINESS HOURS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AFTER HOURS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MOBILE 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"/>

Section B continued on next page

Email address

@

Date(s) calculation to be made

1. ^D ^D / ^M ^M / ^Y ^Y ^Y 2. ^D ^D / ^M ^M / ^Y ^Y ^Y

3. ^D ^D / ^M ^M / ^Y ^Y ^Y 4. ^D ^D / ^M ^M / ^Y ^Y ^Y

Note: A fee of \$150 is payable for each calculation date requested.

B. Complete this part if you are not a CSS member

Membership number

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

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

Phone number

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Email address

@

Date(s) calculation to be made

1. ^D ^D / ^M ^M / ^Y ^Y ^Y 2. ^D ^D / ^M ^M / ^Y ^Y ^Y

3. ^D ^D / ^M ^M / ^Y ^Y ^Y 4. ^D ^D / ^M ^M / ^Y ^Y ^Y

Note: A fee of \$150 is payable for each calculation date requested.

SECTION C Payment methods

A. Cheque or money order

Calculation dates are charged at \$150 per date requested.

A three day clearance period applies to cheque payments. Your application will be processed after your cheque has been cleared.

Number of calculation dates requested

Amount enclosed \$

Mail completed application form and cheque or money order to:

CSS
 PO Box 22
 Belconnen ACT 2616

B. Credit card (Mastercard or VISA)

Number of calculation dates requested

Amount payable

\$

Type of card

Mastercard
 VISA

Credit card number

 - - -

Expiry date

M M / Y Y

Name of cardholder as shown on card

Signature of cardholder

SIGNATURE

Date signed

D D / M M / Y Y Y Y

SECTION D Checklist

Make sure you follow these steps:

- > Complete an **Application for super information form**
- > Complete a **Declaration** to accompany **Application for super information** (Form 6)
- > Enclose a cheque or money order made payable to CSS or credit card deduction authority
- > Send the application and declaration to

CSS
 PO Box 22
 Belconnen ACT 2616

Note: If you are requesting information for you and your spouse, you will need to complete separate applications and declarations. A fee of \$150 applies to each calculation date requested.

