



# CSS Application for superannuation information

## Family Law Act 1975

### PART 1 - 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.

### PART 2 - Personal information

Please complete part A or B as appropriate

#### A) Complete this part if you are a CSS member

Surname	<input type="text"/>																												
Given name/s	<input type="text"/>																												
Phone number (business hours)	<input type="text"/>		<input type="text"/>																										
Phone number (after hours)	<input type="text"/>		<input type="text"/>																										
Mobile	<input type="text"/>																												
AGS number	<input type="text"/>																												
Date of birth	DAY		MONTH			YEAR			<input type="text"/>																				
Date(s) calculation to be made:	DAY		MONTH			YEAR			DAY		MONTH			YEAR			<input type="text"/>												
1:	/		/			/			/		/			/			<input type="text"/>												
2:	/		/			/			/		/			/			<input type="text"/>												
3:	/		/			/			/		/			/			<input type="text"/>												
4:	/		/			/			/		/			/			<input type="text"/>												

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

Part 2 continued over page

Part 2 continued

**B) Complete this part if you are not a CSS member**

Surname	<input type="text"/>																																																
Given name/s	<input type="text"/>																																																
Phone number (business hours)	<input type="text"/>		<input type="text"/>																																														
Phone number (after hours)	<input type="text"/>		<input type="text"/>																																														
Mobile	<input type="text"/>																																																
Member's surname	<input type="text"/>																																																
Member's given name/s	<input type="text"/>																																																
Member's AGS number	<input type="text"/>																																																
Member's date of birth	<input type="text"/>		<input type="text"/>		<input type="text"/>																																												
	DAY		MONTH		YEAR																																												
Date(s) calculation to be made:																																																	
1:	<input type="text"/>		<input type="text"/>		<input type="text"/>																				3:	<input type="text"/>		<input type="text"/>		<input type="text"/>																			
	DAY		MONTH		YEAR																					DAY		MONTH		YEAR																			
2:	<input type="text"/>		<input type="text"/>		<input type="text"/>																				4:	<input type="text"/>		<input type="text"/>		<input type="text"/>																			
	DAY		MONTH		YEAR																					DAY		MONTH		YEAR																			

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

**PART 3 - Payment methods**

By cheque or money order

Please complete the following payment details.

Number of calculation dates requested	<input type="text"/>					
Amount enclosed	\$	<input type="text"/>				(\$150 per calculation date)

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

By credit card (Mastercard, Visa or Bankcard)

Please complete the following payment details.

Number of calculation dates requested	<input type="text"/>																							
Amount payable	\$	<input type="text"/>				(\$150 per calculation date)																		
Type of card (please tick one)	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Bankcard																		
Credit card number	<input type="text"/>		<input type="text"/>		<input type="text"/>																			
Expiry date	<input type="text"/>		<input type="text"/>		<input type="text"/>																			
Name of cardholder (as shown on card)	<input type="text"/>																							
Signature of cardholder	<input type="text"/>																							

**PART 4 - Checklist**

make sure you follow these steps

- > Complete an Application for Superannuation Information
- > Complete a Declaration to Accompany Application for Superannuation Information (Form 6)
- > Enclose a cheque or money order made payable to CSS or credit card deduction authority
- > Send the Application, Declaration and payment 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.



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# CSS Declaration to accompany application for superannuation information Form 6

This declaration is made under subsection 90MZB (2) of the *Family Law Act 1975* to obtain information about a superannuation interest. You must tick one box only in each category.

## SECTION A

I,

SURNAME

of

DAY MONTH YEAR STATE POSTCODE

born on 



 make the following declaration in support of my application for superannuation information to ARIA for information about:

my superannuation interest; or

a superannuation interest of

GIVEN NAMES

SURNAME

born on 



 who is a member of the CSS.

