Australian
Reward
Investment
Alliance

Approved Invalidity Retirement

Benefit Application Form & Information Leaflet

Before completing this benefit application form, you are advised to read the **CSS Product Disclosure Statement** at **www.css.gov.au** or call **1300 000 277**.

This form is to be used by Commonwealth Superannuation Scheme (CSS) members whose invalidity retirement has been approved by the Trustees and who have been formally retired on invalidity grounds by their employer.

Read this first!

Before completing this benefit application form, you are advised to read the **CSS Product Disclosure Statement** at **www.css.gov.au** or call **1300 000 277**.

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 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.

Where can you find out more about your benefit entitlements?

There are many CSS publications that explain the various benefit options which are available to you.

Detailed information on your options can be found in the **CSS Product Disclosure Statement**. Please use this book as a reference when you are deciding on your election options. These are available from your Personnel Section or can be downloaded from the CSS website at: **www.css.gov.au**

Sources of information include the following:

> 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**

  Email: **members@css.gov.au**

> Estimates of the potential value of your benefit options are also available from the Member Services Online section of the CSS website at: **www.css.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 you cease CSS membership

> the attached Benefit Application form;

> if all or part of your benefit is a pension, you will need to complete a Tax File Number Declaration obtainable from the Australian Taxation Office (ATO), your personnel section, or designated Newsagents that distribute ATO forms.

The benefit application form

Your accurate completion of the Benefit Application form allows us to process the application as soon as possible after the date of your retirement. 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.

Section A - Personal details

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

Relationship details

Details of your relationship status including same sex or opposite sex de facto relationships, should be provided. You may wish to include a copy of your marriage certificate or registered relationship certificate with your application. This would speed up the process in the event that a spouse's benefit becomes payable.

For the definition of a spouse for death benefits see the **Death benefits** fact sheet at **www.css.gov.au**

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 email access, inclusion of your current email address will be helpful.

Section B - Employment details

About your former employment

Please provide the name of your former employing department, agency or organisation.

Section C - Information acknowledgment

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.

You are making a formal election under the provisions of the *Superannuation Act 1976*. This election is binding and cannot normally be changed, although ARIA may, at its absolute discretion, agree to cancel an election in certain circumstances.

Information sources are shown at the start of these explanatory notes and it is **strongly recommended** that you make use of them **before** proceeding to complete this application form.

You should also note that, if after your benefit has been paid, you change your mind about the payment arrangements, a fee will be charged by us for the re-issuing of the payment.

Section D - Benefit options

This section contains the benefit options that are available to CSS members who are eligible to receive an approved invalidity benefit. Each option requires a signed election by the applicant for the benefit choice to be valid. **Only make one choice**, otherwise your benefit application will be invalid and payment will be delayed.

Your benefit may also be subject to deduction of any outstanding superannuation contributions surcharge debt at the date of determination. (See **Section F** on surcharge for more information.)

Your benefit option election must be completed within 90 days of your retirement date.

Option 1 – Maximum pension, lump sum of productivity component and supplementary contributions

This option provides you with an employer-financed (indexed) standard pension together with an additional pension (non-indexed) purchased by your member component only. Any supplementary contributions and the productivity component will be paid as a lump sum.

Option 2 – Standard CPI-indexed pension and lump sum

This option provides you with a standard CPI indexed pension and a lump sum of your member and productivity components instead of purchasing any additional pension.

Option 3 – Lump sum only (former Provident Account members only)

This option is only available to former Provident Account members. The election provides you with a lump sum calculated on the basis of three times your accumulated basic contributions and earnings, plus any supplementary contributions and your productivity component.

Option 4 – Lump sum only (less than 15 years contributory service and benefit reduced on medical grounds)

This option is only available if we have advised you that your benefit is to be reduced on medical grounds and you have less than 15 years contributory service. The benefit payable is a lump sum of 3.5 times your accumulated basic contributions and earnings, plus any supplementary contributions together with your productivity component.

Section E - Personal earnings declaration

If all or part of your benefit is being paid as a pension and if you are receiving personal earnings (i.e. salary, wages, fees or other amounts for services rendered, including Directorships fees) you are required to give us particulars of those earnings.

Section F - Superannuation contributions surcharge

A superannuation surcharge is payable by members whose adjusted taxable income (taxable income plus the value of employer contributions to their superannuation) exceeded certain levels before 1 July 2005. Also, members who had declined to provide their tax file number (TFN) for superannuation purposes may have had surcharge assessed.

The surcharge was abolished from 1 July 2005 however any existing liabilities prior to this date must still be met.

If you had a surcharge debt advised to you by either the ATO or CSS, and you have not paid off the debt, this debt will be actioned as per your benefit application.

If the ATO advises you of a surcharge liability after the date you take your benefit, you should pay the debt direct to the ATO.

Section G – 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.

CSS will not deduct tax from any amount rolled over to a rollover fund, however the untaxed components of the lump sum will be taxed at 15% by the receiving fund. This will alter the nature of the amount from 'untaxed' to 'taxed'. A higher rate of tax will apply to transfers over $1.1 million from an untaxed scheme to a taxed scheme.

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

G1–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 G3, the balance of the lump sum benefit.

G2–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 should include sufficient information to enable us to identify the rollover fund or RSA such as the name and Australian Business Number (ABN). 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 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, unless you specify otherwise, sent C/- you at your home address.

Can I request which part of the benefit to rollover first?

From 1 July 2007, 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.

Therefore, while you may request a certain order of payment or rollover, the payment will be subject to proportioning.

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For further information on how you benefit is taxed it is recommended that you read the CSS fact sheet *Tax and Your CSS Benefit*.

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.

G5–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.

G6–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.

G7–Account name

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 H – Taxation matters

H1–Start Date for Taxation Purposes

For taxation purposes, your lump sum benefit is called a Superannuation Lump Sum Payment.

The start date relates to the date your eligible service period (ESP) commenced and is used to calculate the various components of your Superannuation Lump Sum Payment for taxation purposes.

Generally, your ESP is the number of days between the date you commenced your current employment (which may be earlier than the date you joined the CSS) and the date your payment is made. If your CSS membership commenced before 1 July 1983 and you have a Long Service Leave start date that is earlier than your CSS start date, that earlier date applies as your ESP start date. Earlier periods of employment for which you paid a transfer value into the CSS are added to your ESP. If this is the case, please fill in the start date of that earlier service.

If you do not show a date in this section, we will use the date on which you joined the CSS Scheme as your start date.

H2–Your Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, we are required to deduct PAYG tax at the Top Marginal Rate plus the Medicare levy from benefits if a person does not provide a Tax File Number (TFN).

If you have not been issued a TFN you should lodge an *Australian Taxation Office Application/Enquiry* form with the Australian Taxation Office (ATO). Forms are available at **www.ato.gov.au** or all ATO branches. You must provide proof of identity at the time you lodge the form.

H3–Approval to advise your TFN to rollover funds

We will provide your TFN to the receiving fund unless you instruct us not too. Please note that there are consequences for not supplying your TFN to a fund.

H4–'Tax File Number Declaration'

If you have chosen to receive all or part of your benefit as a pension (Section D–Options 1 or 2) and you wish to claim the tax free threshold and/or any available offsets and deductions against your pension benefit, you should complete this ATO Declaration form and attach it to your benefit application.

After retirement

Documents you may receive from us

After you cease CSS membership, 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 *'Rollover Benefits Statement'*, in duplicate for each rollover nominated in section G, which shows the breakup, for taxation purposes of each rollover you nominate

> an *'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)

> a *'PAYG Payment Summary'*, and annual pension advice letter for any pension payments paid to you (which are sent to you in July each year if you are receiving a pension).

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.

What next?

DO NOT SEND THE COMPLETED APPLICATION FORM DIRECT TO US.

When you have completed Sections A to H, you should give your Benefit Application form to your Personnel Section so that they can complete the Departmental Report and Checklist. Your Personnel Section will, in turn, forward your completed Benefit Application form to us.

Note: We cannot process the payment of your benefit until **after** the date of your exit but you may submit your application form before this date. This will allow us to check that all documentation and information have been provided well ahead of your exit.

You need to keep in mind, however, that benefit elections cannot be made more than 90 days before the actual date of retirement.

Remember, the sooner we get your correctly completed application form, the less likelihood there is of any delay in the processing of your benefit.

Privacy

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 as required by policy and legislation. We will not disclose your personal information to these agencies unless it is lawful to do so.

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 we do not receive a completed benefit application within 90 days after your retirement, your benefit may be treated as 'unclaimed'.

If this happens, we may then pay your benefit as a maximum pension; i.e. you may lose your right to take any part of your benefit as a lump sum.

Alternatively, if you have 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 benefit to the Eligible Rollover Fund (ERF) nominated by ARIA.

Any outstanding benefits will also be paid to the ERF in the following circumstances:

> a rollover payment cheque is returned unclaimed or goes stale (e.g. not presented within 15 months of the issue date).

Australian Reward Investment Alliance

Approved Invalidity Retirement

Benefit Application Form

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 blue or 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

Cessation date DAY / MONTH / YEAR

Title (please tick one) Mr Ms Mrs Miss Other

YOUR NAME
Surname

Given name/s

Your date of birth DAY / MONTH / YEAR

Previous memberships 1 2 3 4

Relationship details Married Single De facto

SPOUSE'S FULL NAME
Surname

Given name/s

Start date of de facto relationship (if applicable) DAY / MONTH / YEAR

Spouse's date of birth DAY / MONTH / YEAR

YOUR CONTACT DETAILS
Your postal address

STATE POSTCODE

Contact phone number

Email address

SECTION B - Employment details

About your former employment

Name of former employing department or 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 Product Disclosure Statement before completing this form. I also understand that, by choosing a benefit option in Section D, 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**.

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**.

Note: If after your benefit has been paid, and you wish to change your mind about the payment arrangements, a fee may be charged by us to re-issue the payment.

SECTION D - Benefit options

Please ensure that only **ONE** benefit option is completed

Benefit option elections must be completed within 90 days of your retirement date. If your election is made outside the period allowed, you must provide reasons with your application as to why the election was not made within the period allowed.

Option 1–Maximum pension and lump sum of productivity component and any supplementary contributions

I, FULL NAME

whose Reference (AGS) No. is AGS NUMBER **elect** to take my benefit as a maximum pension plus a refund of my productivity component and any supplementary contributions.

SIGNATURE

DATE

DAY / MONTH / YEAR

If you have an outstanding superannuation contributions surcharge debt you will need to complete **Section F** to tell us which component of your benefit you would like the surcharge debt deducted from. If not, go to **Section G–Payment Arrangements**, to tell us how you would like your pension and lump sum paid.

Section D continued over page

Section D continued

Option 2–Standard CPI indexed pension and lump sum of member and productivity components

I, FULL NAME

whose Reference (AGS) No. is AGS NUMBER

elect to take my benefit as a standard CPI indexed pension plus a lump sum of my member and productivity components.

SIGNATURE

DATE DAY / MONTH / YEAR

You have now completed this section. If you have an outstanding superannuation contributions surcharge debt you will need to complete **Section F** to tell us which component of your benefit you would like the surcharge debt deducted from. If not, go to **Section G–Payment Arrangements**, to tell us how you would like your pension and lump sum paid.

Option 3–Lump sum only, no pension (only available if you are a former Provident Account member)

I, FULL NAME

whose Reference (AGS) No. is AGS NUMBER

elect for a Provident Account Lump Sum.

SIGNATURE

DATE DAY / MONTH / YEAR

If you have an outstanding superannuation contributions surcharge debt it will be deducted from your lump sum. You have now completed this section. You must now go to **Section G–Payment Arrangements**, to tell us how you would like your lump sum paid.

Option 4–Lump sum only, less than 15 years' contributory service and benefit reduced on medical grounds

I, FULL NAME

whose Reference (AGS) No. is AGS NUMBER

elect to take my benefit as a lump sum.

SIGNATURE

DATE DAY / MONTH / YEAR

If you have an outstanding superannuation contributions surcharge debt it will be deducted from your lump sum. You have now completed this section. You must now go to **Section G–Payment Arrangements**, to tell us how you would like your lump sum paid.

SECTION E - Personal earnings declaration

After retirement will you be in receipt of personal earnings (refer to the Explanatory Notes for the definition of personal earnings) ?

☐ YES ☐ NO

If YES who will be paying for the services rendered of the work performed? (if self employed write 'Self')

My estimated pre-tax earnings will be $ per *week/*fortnight/*month/*year

SIGNATURE

DATE

DAY / MONTH / YEAR

(* delete as applicable)

SECTION F - Superannuation contributions surcharge

I would like my outstanding superannuation contributions surcharge debt to be deducted from either:

☐ my standard CPI indexed pension; or

☐ my additional non-indexed pension (if applicable); or

☐ my lump sum (if applicable).

SIGNATURE

DATE

DAY / MONTH / YEAR

SECTION G - Benefit payment arrangements

Lump sum payments

G1. 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 G3 to G7 for bank account details)

Either: A gross dollar amount: $

Or A percentage of my lump sum: %

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)

Section G continued over page

Section G continued

G2. Rollover Fund or Retirement Savings Account (RSA) nominated to receive all or part of your lump sum

Name of first nominated Fund or RSA

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 G2 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

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 G2 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:

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 details 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.

G3. What is the name of your bank/building society/ credit union?

G4. What is the branch address?

STATE POSTCODE

G5. What is your bank/ building society/ credit union state branch number (BSB No.)?

G6. What is your account number?

G7. 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 H - Taxation Matters**, to tell us your taxation information.

SECTION H - Taxation matters

H1. What is your start date for taxation purposes? (See Section H in the Explanatory Notes)

DAY / MONTH / YEAR

H2. Providing your TFN is voluntary. If you choose not to provide it you will not commit an offence. The consequences of not providing your TFN are:

> tax will be deducted from your benefit/s at the highest marginal rate

> the trustee of another superannuation scheme or RSA provider holding your benefits now or in the future may not be able to locate, amalgamate or identify your benefits in order to pay you

Note that these consequences may change in the future as a result of legislative change.

The CSS is authorised to collect your TFN under the provisions of the *Superannuation (Supervision) Act 1993*. We will treat your TFN as confidential and will only use it for legal purposes, which include:

> disclosing it to the trustee of an eligible superannuation entity, regulated exempt public sector superannuation scheme or RSA provider to which your benefits are transferred in the future, unless you specifically instruct us not to

> finding or identifying your superannuation benefits where other information is insufficient

> calculating tax on your benefits

> providing information to the Commissioner for Taxation.

Note that the lawful purposes may change in the future as a result of legislative change.

If you have already provided your TFN to us, you are under no obligation to provide it again in this application.

Section H continued over page

Section H continued

What is your Tax File Number? | | | | | | | | | |

H3. Select this box if you do not want us to pass on your TFN ☐

Tax File Number Declaration

H4. Pension recipients should also obtain and complete a *Tax File Number Declaration* form (obtainable from the ATO in order to claim any available tax offsets and deductions. **Attach the completed Declaration to this 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 Declaration at Section B;
- ☐ signed an election option in Section C;
- ☐ completed cash payment and/or rollover nomination details at section F1 and/or F2;
- ☐ completed the bank account details in sections G3 to G7;
- ☐ provided an 'ESP Start Date' (if appropriate) in section H1;
- ☐ provided your TFN in section H2;
- ☐ attached your completed *Tax File Number Declaration*; and
- ☐ attached a copy of your marriage certificate or registered relationship certificate?

YOU HAVE NOW COMPLETED THIS FORM.

Return it, with any attachments, to your Personnel Section or Pay Office for completion of the Departmental Report and forwarding to us.

DON'T FORGET TO CHECK WITH YOUR PERSONNEL SECTION OR PAY TEAM TO ENSURE THAT YOUR BENEFIT APPLICATION HAS BEEN FORWARDED TO US

Departmental Report - To be completed by Personnel Section or Pay Office

Member's name

Reference (AGS) number

Date of exit DAY / MONTH / YEAR

Salary for superannuation benefit purposes at date of exit. $

Note: This is the member's salary for supperannuation benefit purposes **as at the date of exit.** This can be greater than the salary for superannuation contribution purposes at the last birthday.

Pre-Assessment Payments

Period pre-assessment payments made DAY / MONTH / YEAR to DAY / MONTH / YEAR

Gross fortnightly rate $

Total gross amount paid $

Last three superannuation variations including the payday that contributions were ceased (usually the payday after the date of exit)

Payday of adjustment	Old perm. cont.	New perm. cont.	Current adjust.	PLUS/ MINUS
		NIL		

Personnel Checklist

NOTE: Failure to provide the documents outlined in this checklist will result in delays in processing this application. The following information is required:

Yes	N/A	
☐		Applicant's signature and date of birth confirmed?
☐		Superannuation history card or computer print-out attached?
☐	☐	Departmental Retirement Certificate attached?
☐	☐	Is the applicant receiving an allowance (or did they receive such an allowance in the past three years) that increases salary for superannuation purposes?
☐	☐	If **YES**, is the allowance automatically recognised as salary for superannuation purposes? If the allowance is not automatically recognised as salary for superannuation purposes, please attach Form S17A, S17S or S17T.
☐	☐	Has the member ever worked part-time hours? If **YES** - please attach Form S542 or S551.
☐	☐	Has the applicant had any periods of LWOP in the two years prior to date of exit? If **YES** - attach details of commencement and ceasing date(s), and type of leave.
☐	☐	Is the applicant receiving invalidity pre-assessment payments? If **YES** - fill in the Pre-assessment payment section in Departmental Report.

Certification by Employer

FULL NAME

I, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

being the officer authorised to sign on behalf of the Agency, declare that the above information is true and correct and certify that no variations to contributions will be made subsequent to the ceasing entry shown above.

SIGNATURE OF AUTHORISED OFFICER

DATE

DAY / MONTH / YEAR

Contact phone number

Fax number

Email address

END FORM

Australian Reward Investment Alliance (ARIA) ABN: 48 882 817 243 AFSL: 238069
RSE Licence no: L0001397
Trustee of the Commonwealth Superannuation Scheme (CSS) ABN: 19 415 776 361 RSE: R1004649