



# Application for an associate pension\*

## By the former spouse of a PSS pensioner

You should complete this form if your former spouse is receiving a pension from the PSS and you have been granted a portion of that pension under a Family Law payment split.

This form should be sent to:

**PSS  
PO Box 22  
Belconnen ACT 2616**

This form should not be used if you have your own account with the PSS as a result of a Family Law split which occurred while your former spouse was still a contributing member of the PSS. The appropriate form to use in these circumstances is the **Age retirement for associate members** form.

\* Under the scheme you are called an **associate** and your pension is called an **associate pension**.

## Explanatory notes

### Pension information

#### When is the pension paid?

The pension becomes payable on the first available payday after the later of the operative time or our receipt of the family law court order or superannuation agreement. The pension is calculated on the basis of a 14-day fortnight.

#### How is the pension paid?

The pension is paid by direct credit to an approved financial institution (bank, building society, credit union).

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.

If at any time, after the pension has commenced, you wish to change the institution to which the pension is being credited, you only need contact us by telephoning 1300 001 777.

#### Tax file number requirements

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, we are required to deduct PAYG tax at the highest marginal tax rate plus the Medicare levy from pensions if a person does not provide a tax file number (TFN) on a **Tax file number declaration form**.

If you have not been issued a TFN you should lodge an Australian Taxation Office application/enquiry form at the Taxation Office. Forms are available at all Taxation Offices. You must provide proof of identity at the time you lodge the form.

#### Tax file number declaration form

The information you provide on this form will determine how much tax is deducted from your pension. Please note, you can only claim the tax free threshold against one source of income.

#### Medicare levy variation declaration

If you are claiming a Medicare levy exemption against a pension entitlement, you should include a Medicare levy variation declaration form, available from your local Taxation Office, with this application.

#### Other deductions

Facilities are not available for deductions other than income tax to be made from your pension.

#### Pension increases

Your pension will be subject to bi-annual adjustment in line with upward movements in the consumer price index (March to September

and September to March periods). The increase is payable on the first pension payday in January and July each year.

#### When does the pension cease?

Your pension is payable until your death. No reversionary benefits are payable.

### How to complete this application

#### About yourself

This segment provides necessary personal details to enable benefits to be paid to you. It is important that you keep us informed of any changes of address or name.

#### Payment details

This segment lets you tell us where to pay your pension. The account must be held in your name only or jointly between yourself and one other person.

### Identification requirements

To protect against fraud, money laundering, terrorism financing and safeguard your benefit, we need you to provide documentation to prove your identity before we can process your benefit request.

You need to provide certified copies of four identifying documents listed in Section D on the application form. The person certifying the documents must attest that the documents are true copies, and that you are the valid holder of the identification.

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.

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.

## 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.

## Need more information?

If you need more information or help to complete this application please:

Phone: 1300 001 777

Fax: (02) 6272 9614

Email: [pensions@pss.gov.au](mailto:pensions@pss.gov.au)

Write to: PSS  
PO Box 22  
Belconnen ACT 2616

When contacting us please remember to quote your reference number.

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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, and tick the boxes for your answers as appropriate
- > ensure this application is signed

## SECTION A Personal details

Reference number  
(AGS)

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Salutation

<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other						
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Surname

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Given name(s)

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Postal address

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SUBURB

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STATE

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POST CODE

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Residential address  
(if different)

RESIDENTIAL ADDRESS

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Date of birth

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Contact phone  
number

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Section A continued over page





## SECTION D Identification requirements

To protect against fraud, money laundering, terrorism financing and safeguard your benefit, we need you to supply documentation to prove your identity. Under some circumstances we may request further information from you.

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](http://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.

