



Review of Student Pension

Dear Sir/Madam

Under the rules of the Commonwealth and Military Superannuation Schemes, a student pension is payable to an eligible child of a deceased member between the age of 16 and 25 years, if the child is receiving full-time education at a school, college or university, and is not ordinarily engaged in employment. A pension is not payable if the student changes from full-time to part-time study.

The student named below is either over 16 or will be turning 16 during the coming year. Please complete this form and return it to:

ComSuper
PO Box 22
Belconnen ACT 2616

SECTION A Applicant details

Reference number (AGS)

Child/Student's name

GIVEN NAME(S)

SURNAME

Child/Student's date of birth

^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Is the student engaged in full time employment? (excluding school holidays and semester breaks)

Yes No

Is the student undertaking a cadetship, traineeship or apprenticeship?

Yes No

SECTION B Bank account details

Name of institution	<input type="text"/>
Name of account holder	<input type="text"/>
Branch location	<input type="text"/>
Branch (BSB) number	<input type="text"/> - <input type="text"/>
Account number	<input type="text"/>

SECTION C Education details

Name of school/ college/university	<input type="text"/>		
Address of school/ college/university	<input type="text"/>		
	<input type="text"/>		
	SUBURB	STATE	POST CODE
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of course (e.g. HSC, Degree)	<input type="text"/>		
	<input type="text"/>		
	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	
Duration of course for this academic year	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y ^Y ^Y	to	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y ^Y ^Y
Signature of principal/registrar	<input type="text"/>		Date signed <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y ^Y ^Y
Stamp of school/ college/university	<input type="text"/>		

SECTION D Declaration

I declare the above to be true and correct to the best of my knowledge.

Signature of parent/guardian/carer	<input type="text"/>	Date signed <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y ^Y ^Y
Contact phone number	<input type="text"/>	
Contact mobile number	<input type="text"/>	

END FORM