



# PSS Orphan of a deceased member

## Benefit application form

Before completing this benefit application form, you are advised to read the Retirement Options Product Disclosure Statement (available from the website at [www.pss.gov.au](http://www.pss.gov.au) and by ringing **1300 000 377**).

This form is to be completed by persons who have care, control and custody of the child of a deceased member that they consider is either an 'eligible child' or a 'partially dependent child'.

A separate form is required for each child.

Eligible children over the age of 18 years may apply for a benefit in their own right.

### Who is a child\*

A child, in relation to a member who has died, means a child (including an adopted child, an ex-nuptial child, a step child) of the member or of a spouse of the deceased member.

### Who is an eligible child\*

An Eligible Child

- (a) is a person who has not reached age 16; or  
is 16 years or over but has not reached age 25 and is receiving full-time education at a school, college or university and is not ordinarily in employment or engaged in work on their own account
- (b) if at the time of death the person was:
  - (i) a child of the spouse's and not of the deceased's but was normally living with the deceased; or
  - (ii) a child that was wholly or substantially dependent upon the deceased; or
  - (iii) a child born after the date of death and would have normally have lived with the deceased or been dependent on the deceased.

### Who is a partially independent child\*

A Partially Dependent Child

- (a) is a person who has not reached age 16; or  
is 16 years or over but has not reached age 25 and is receiving full-time education at a school, college or university and is not ordinarily in employment or engaged in work on their own account
- (b) immediately before the date of death:
  - (i) the deceased was voluntarily, or required by a court, to make regular maintenance payments; or
  - (ii) where the person is a child born after the date of death-the deceased would have been voluntarily making, or required by a court to make, such payments if the person had been born before the death occurred.

\*These descriptions paraphrase the definitions in the *Superannuation Act 1976* and *1990*.

## Explanatory notes

### Introduction

The first part of the application form is intended to provide you with a quick reference to the superannuation rights that are available.

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ComSuper administers superannuation schemes for employees of Commonwealth Government Departments, certain Government Business Enterprises and Authorities, such as the 1990 Public Sector Superannuation (PSS) scheme.

### What you need to do

The benefit payable will be paid either as a Lump Sum or a Pension. The deceased's employer will advise you which scheme you must select from and the benefit available.

### Pension information

**When is the pension paid** – Pension is payable on and from the day after the date of the member's death. It is calculated on the basis of a 14 day fortnight and is paid on the alternate Thursday to public service salary paydays.

**Pension increases** – Increases are based on the upward movement of the Consumer Price Index for the 12 months ended 31 March each year and is paid on the first pension payday in each July. There are proportionate adjustments if pensions have been paid for only part of the preceding year. PSS pension increases are applied to the full pension.

**Partially dependent children's pension** – The rate of pension will be an amount equal to the regular financial support provided before death occurred, OR if a court order exists, the amount recorded in the order, up to the amount that could have been payable to an eligible child.

**When does pension cease** – Pension will cease upon the child reaching age 16 unless they are receiving full-time education, in which case payment will continue until either full-time education ceases or the student attains age 25, whichever occurs first. Student pensions are reviewed at the end of each year to establish continuing entitlement. Pension payable in respect of partially dependant children will cease earlier if ordered by the court.

### Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, ComSuper is required to deduct PAYG tax at the top Marginal Tax Rate including 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 Taxation office. Forms are available at all Taxation Offices. You must provide proof of identity at the time you lodge the form.

### Lump sum information

**PAYG Payment Summary** – where applicable PAYG income tax will be calculated and deducted by ComSuper. A *PAYG Payment Summary* will be sent to the postal address shown on the application. The STP will provide you with the necessary information to complete the child's income tax assessment return.

### Explanation of terms used

All benefits payable are, in most cases, made up of three components: a Member component; a Productivity Component; and an Employer component.

**Member Component** – is the contributions the deceased paid to the scheme accumulated with Fund earnings.

**Productivity Component** – is the fortnightly contribution made by the employer on the deceased's behalf and is accumulated with Fund earnings at the same rate as the member contributions.

**Employer Component** – if the member contributed to the 1990 (PSS) scheme, the component forms part of the indexed pension or, if a Limited Benefits Member, as part of the Lump Sum Benefit accrual.

**Limited Benefits (1990 – PSS)** – a member is normally informed that due to the state of their health on joining the scheme, the Board of Trustees declared them a Limited Benefits Member (LBM). If that was the case and the date of death was within 3 years of joining the scheme then the benefit payable is a Lump Sum only.

### Identification requirements

To guard against fraud, money laundering, terrorism financing and to protect your benefit, we require you to provide us with enough identification to verify your identity before your benefit request can be processed.

You are required to provide certified copies of four identifying documents. Faxed copies are unacceptable. The person certifying the documents must attest that the documents are true copies, and that you are the valid holder of the identification.

Copies of your documents will be scanned and stored on our secure document management system. These electronic copies will be used only to confirm your identity. The original copies will be securely destroyed. Please do not supply original documents.

To further safeguard your privacy, any personal financial information should be blacked out on the copy that you send to us.

### Summary of scheme benefits

**50-Lump Sum Only, No Pension** – This benefit is only available if the deceased was a Limited Benefit Member and provides for a Lump Sum only payment of the three components. If there are two or more eligible children the board will determine an appropriate break-up.

**51-Pension Only, No Lump Sum** – provides for a pension calculated as a percentage of what would have been the deceased's invalidity pension as at the date of death, if the deceased died before age 60, or what would have been the deceased's age retirement pension if death occurred after reaching age 60.

The percentage rate applicable depends on the number of eligible children receiving benefit.

- > 1 child 45%
- > 2 children 80%
- > 3 children 90%
- > 4 or more children 100%

### Privacy

ComSuper is collecting the information on this form to determine your entitlement to benefits governing the PSS. Where applicable, identifying information will be passed on to the rollover institutions you nominate.

Information about your PSS entitlements are also passed to the ATO, Centrelink and the Department of Veterans' Affairs.

We are committed to protecting your privacy and your personal information is not disclosed to another party without your consent, or unless required by law.

ARIA will from time to time send you news and information about new products or services you might be interested in, or invite you to participate in member research. If you would prefer not to receive information about new products and services or participate in member research, you can advise us by calling us on 1300 000 377.

**TEAR OFF THESE PAGES AND RETAIN FOR YOUR INFORMATION**

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Reward  
Investment  
Alliance

# PSS Orphan of a deceased member

## Benefit application form

Please read before completing

- > After completing and signing the application form, return it to the employer together with any supporting documentation.
- > If applying for a Pension Benefit it may be in your interest to also include an Income Tax Employment Declaration Form completed on behalf of the child.

COMSUPER USE ONLY			
	file loc.		priority
	reg no.		action code
CST			

### SECTION A - About yourself

Title (please tick one)  Mr  Ms  Mrs  Miss  Other

**YOUR NAME**  
Surname

Given name/s

**YOUR CONTACT DETAILS**  
Postal address

STATE  POSTCODE

Residential address

STATE  POSTCODE

Contact phone number(s) if convenient HOME  WORK

### SECTION B - About the deceased

Reference (AGS) number

Title (please tick one)  Mr  Ms  Mrs  Miss  Other

**THEIR NAME**  
Surname

Given name/s

Deceased's date of birth DAY MONTH YEAR

Date of death DAY MONTH YEAR

Name of Former Employer  
The name of the Government Office or Authority the deceased was employed by.

Designation/Classification, if known  
The position held by the deceased.

## SECTION C - About the child

Surname

Given name/s

Date of birth  DAY  MONTH  YEAR  INCLUDE COPY OF FULL BIRTH CERTIFICATE

What is your relationship to the child?

What is the child's relationship to be the deceased?

**C1.** Was the child living with the deceased at the time of death?  YES – If you answered YES go to question **C3**.

NO – If you answered NO go to question **C2**.

**C2.** Was the child wholly or substantially dependent upon the deceased at the time of death?  YES – If you answered YES go to question **C3**.

NO

Include all details of dependency with the application including any supporting documents you may think relevant, e.g. maintenance agreements.

**C3.** Is the child age 16 years or more?  YES – If you answered YES 'A full-time student application (form S3C) needs to be included with this application.'

NO

Please indicate whether there are other children whom you consider are also eligible for a benefit. If any of the children are in your care, control and custody, separate applications need to be completed for them. If not, please attach a list of the name(s) and address(es) of the relevant guardians.

Name	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"/>

## SECTION D - Method of payment

Type of financial institution (please tick one)  Savings Bank **OR**  Trading Bank **OR**  Building Society **OR**  Credit Union

Name of bank, building society or credit union

Branch address

STATE  POSTCODE

Branch identity number (BSB No.) (MUST be 6 numbers long)

Account number (no more than 9 numbers long)

Account name

Section D continued over page



## SECTION G – Identification requirements

To protect against fraud, money laundering, terrorism financing and safeguard your benefit, we need you to provide documentation to prove your identity. Please be aware that under some circumstances we may request further information from you.

To do this, you will need to provide certified copies of **one** document from column A in the table below **AND three** documents from column B.

For example, you could provide 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).

Faxed copies of documents are not acceptable.

A	B
Passport (current or expired by less than 2 years)	Medicare card
Birth Certificate	A current statement from a financial institution with the same address and name as on the application
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	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

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. Copies of identification will be stored electronically in a secure environment. The paper copies will be securely destroyed. All copies will only be used for the purpose of confirming your identity.

All copies of documents provided to ComSuper 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 permanent employee of the Australian Postal Corporation in an office supplying postal services to the public
- > an Australian consular officer or an Australian diplomatic officer
- > a finance company officer with 2 or more years of continuous service with one or more Finance Companies
- > a person employed by or an authorised representative of the holder of a financial services licence with two or more continuous years of service
- > a member of the Institute of Chartered Accountants (ICA), Certified Practising Accountants (CPA Australia) or National Institute of Chartered Accountants (NIA ) with 2 or more years of continuous membership.

The certifying authority also must confirm in writing that you are the valid holder of the ID that you are presenting and that any copies are true copies of the original.

The certification must include the name, address, occupation, telephone number and registration number (if applicable) of the certifying authority.

## SECTION H - Departmental Report

To be completed by the employer's personnel or pay section

Contributor's work classification or local designation

Reference (AGS) number

Date commenced employment 

		DAY			MONTH			YEAR
		/			/			

Date of death 

		DAY			MONTH			YEAR
		/			/			

### Salary at date of death

The figure(s) to be shown is the greater of:

- (a) annual salary at the date of exit;
- (b) the salary on which contributions are based; or
- (c) the highest salary received on or after the last birthday anniversary

Annual salary \$

Annual allowance(s) \$

Total salary \$

### Contribution Ceasing Entries

Show details of this ceasing entry together with the last three variation entries.

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

## SECTION I - Certification

FULL NAME  
I,

Contact phone number

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

SIGNATURE

DATE 

		DAY			MONTH			YEAR
		/			/			

END FORM