



# Spouse (or spouse and children) of a deceased member

## Part 2 - benefit options

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

This form is to be completed by any person who considers themselves to be the spouse of a deceased member or who acts on behalf of children who may be eligible for a benefit.

## Explanatory notes

### Introduction

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.

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

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.

Our Contact Centre can provide details of your benefit entitlement, explain the benefit options and provide information on the value of your benefits. For more information:

Telephone: 1300 000 377

Facsimile: (02) 6272 9613

Email: [members@pss.gov.au](mailto:members@pss.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** to complete an acknowledgment that you have received sufficient information to make an informed decision about how you would like your benefit paid.

### The benefit application form

Your accurate completion of the benefit application form allows us to process the application as soon as possible after it is received. 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 – About the deceased

Please complete all the boxes in this section.

Please also attach a copy of the full death certificate.

### Section B – Your details

Please complete all the boxes in this section. It enables us to identify you, and tells us where we can contact you.

### Contact details

The postal address you provide is where all correspondence will be sent.

Contact phone numbers are 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 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 1990*. 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 your benefit has been paid and you then change your mind about the benefit 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 those who are eligible to receive a spouse's 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.

#### Option 1—pension only, no lump sum

If you want to receive your entire benefit as a pension, select this option.

Any outstanding surcharge debt will be deducted from your pension entitlement through the application of pension reduction factors. The result will be a reduction in the amount of pension payable for the life of the pension.

Your benefit will be paid into the bank account nominated by you in **Section E**. You should also complete and forward a **Tax File Number Declaration** form (see **Section F**).

## Option 2—part pension and part lump sum

If you want to receive your benefit as a combination of pension and lump sum, select this option.

You can take a lump sum of up to 50 per cent of your total PSS benefit. The balance of your PSS benefit is then paid as pension.

If you have an outstanding surcharge debt, you will have to make an election on the repayment option to apply. If the surcharge is deducted from the pension, there will be a reduction in the amount of pension payable for the life of the pension.

Your benefits will be paid into the bank account nominated by you in **Section E**. You should also complete a **Tax File Number Declaration** form (see **Section F**).

Note: If you elect to take this option and there are benefits payable to children not normally living with you, the lump sum value applicable to the children's pension will first be deducted from the lump sum and the balance paid to you.

## Option 3—lump sum only, no pension

If you want to take your entire benefit as a lump sum, select this option.

Any outstanding surcharge debt will be deducted from the lump sum before it is paid.

The benefit will be paid into the bank account nominated by you in **Section E**.

Note: If you elect to take this option and there are benefits payable to children not normally living with you, the lump sum value applicable to the children's pension will first be deducted from the lump sum and the balance paid to you.

## Option 4—lump sum only, no pension (Limited Benefits members)

This option is the ONLY option available to a spouse of a former Limited Benefits member.

Any outstanding surcharge debt will be deducted from the lump sum before it is paid.

The benefit will be paid into the bank account nominated by you in **Section E**.

## Section E – Benefit payment arrangements

This section allows you to advise us where your pension and/or lump sum benefit is to be paid.

We can only pay your benefit into an Australian account held in your name. If it's a joint account, one of the names listed must be yours.

## Section F – Taxation matters

Lump sums paid to spouses and/or children of deceased members are not considered to be Superannuation Lump Sum Payments for the purposes of the taxation legislation.

For this reason, any lump sum paid to a spouse is not taxable income and PAYG Payment Summary will not be issued by this office.

### Your tax file number (TFN)

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 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

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 rebates and deductions against your pension benefit, you should complete this **Australian Taxation Office (ATO) declaration form** and attach it to your benefit application.

## 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.

If you had a surcharge debt advised to you for a previous year or years, by either the ATO or PSS, 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 may pay the debt direct to the ATO, or if you have taken part of your benefit as a pension, you may, within three months of the assessment being made, elect to have your pension reduced to pay the debt.

## After your Benefit is Paid

### Documents you may receive from us

After your benefit has been paid, 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
- and
- > a pension payment summary and annual pension advice letter (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, or apply for Centrelink benefits, etc. It will take some time to issue replacements.

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.

This will delay payment of any future benefits.

All enquiries: 1300 000 377

## Reference number (AGS)

Please keep a record of the deceased member's Reference number (AGS) for any future contact with the PSS.

## What Next?

Please return this application form to us at the postal address shown on page 1 of this form. 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



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## Part 2 - benefit options

### 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
- > sign your name where needed. If you don't sign the relevant sections of the form, it will be returned to you.

## SECTION A About the deceased

Reference number (AGS)	<input type="text"/>																				
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>																				
Surname	<input type="text"/>																				
Given name(s)	<input type="text"/>																				
Date of birth	<table border="0"> <tr> <td><small>D</small></td><td><small>D</small></td><td></td><td><small>M</small></td><td><small>M</small></td><td></td><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td><td><small>Y</small></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<small>D</small>	<small>D</small>		<small>M</small>	<small>M</small>		<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of employer	<input type="text"/>																				
Previous memberships Have you had any other periods of PSS membership? If so, please list the reference number(s) (AGS) for each of those memberships.	<table border="1"> <tr><td>1</td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>												
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## SECTION B Your details

Salutation	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>				
Surname	<input type="text"/>									
Given name(s)	<input type="text"/>									
	<input type="text"/>									
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"/>
Address	RESIDENTIAL ADDRESS									
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	SUBURB					STATE		POST CODE		
	<input type="text"/>					<input type="text"/>		<input type="text"/>		
	POSTAL ADDRESS									
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	<input type="text"/>									
	SUBURB					STATE		POST CODE		
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Phone number	BUSINESS HOURS									
	<input type="text"/>		<input type="text"/>							
	AFTER HOURS									
	<input type="text"/>		<input type="text"/>							
	MOBILE NUMBER									
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Email address	<input type="text"/>									
	@	<input type="text"/>								

## SECTION C Information acknowledgement

(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. I also understand that, by choosing a benefit option in **Section D**, I am making a formal election under the provisions of the PSS legislation and this benefit election cannot be changed except in certain circumstances approved by ARIA.

Signature and date

SIGNATURE
<input type="text"/>

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you need more information, or would just like to talk about the options you have, please call or Contact Centre on telephone **1300 000 377**, facsimile **02 6272 9613**, or email **members@pss.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.







## Tax file Number declaration

Pension recipients should also obtain and complete a **Tax File Number Declaration** form (obtainable from the ATO or Personnel Sections) in order to claim any available tax rebates and deductions. Attach the completed Declaration to this application form.

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## SECTION G Member checklist

Have you:

- read all the **Explanatory notes**, received a benefit estimate, and any other information you require to make an informed decision
- filled in all the sections applicable to you
- signed the Information acknowledgement at **Section C**
- signed an election option in **Section D**
- completed the bank account details in **Section E**
- provided your TFN in **Section F** (for pension recipient only)
- attached your completed **Tax File Number Declaration** form (for pension recipients only)

You have now completed this form.

Please return this form direct to us.

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END FORM