



# Application for payment of a spouse or de facto partner pension benefit upon the death of a PSS pensioner

## Notes for member

Use this form only if you have been informed in writing by Pillar Administration, the administrator of PSS, that it has been determined that you are eligible to be paid a reversionary (spouse or de facto partner) pension benefit from PSS.

## I Details of Applicant

Title (eg Mr Mrs Ms Miss Dr)

I

Family name

Given name/s

Postal address (please include postcode)



Suburb, Town, City

Postcode

Daytime contact telephone number

### who was the spouse or de facto partner

(delete whichever is not applicable)

Family name of deceased PSS pensioner

of

Given name/s of deceased PSS pensioner

Member number of deceased PSS pensioner

### who died on

Place of Death

at

hereby apply for a reversionary pension benefit under the provisions of the *Police Regulation (Superannuation) Act 1906*.

## 2 Please include the following with your application

To ensure that the appropriate amount of tax is deducted from your pension, please complete the enclosed *Tax file number declaration* form. Please note that you do not have to supply your Tax File Number (TFN), but if you do not supply your TFN then PAYG tax will be deducted from your pension benefit at a higher rate than is otherwise necessary. (Any additional tax that is initially deducted may be refunded by the Australian Tax Office when they assess your next tax return).

Please also provide a certified copy of your Birth Certificate or other proof of your age and identity (if it has not already been provided to us).

**Note:** A certified copy means that the copy must be sighted and signed by a Justice of the Peace or a solicitor as a true copy of the original. If original documents are forwarded to Pillar, they will be returned by registered mail once notations have been made.

## 3 Payment Details

### Directions for payment of pension to a Bank, Building Society or Credit Union.

I authorise the Trustee to remit my fortnightly pension benefit payment to:

Account name

Account number

BSB number

Name of bank/building society/credit union

Branch

**Note:** The following paragraph is only applicable if you have been informed that there was an overpayment debt payable from the estate of the deceased to PSS.

If there was an amount of pension overpaid to the estate of the deceased that has not been repaid from the estate to PSS, then the Trustee of the Scheme proposes, pursuant to the legislation governing PSS, to recoup the overpayment debt by making a deduction from any arrears of pension benefit payable to you from the Scheme. Unless you inform us that you do not agree with this proposal, the amount of the overpayment debt will be deducted from the pension arrears payable to you at the time that your pension benefit is processed. Please notify us in writing if you do not agree with the proposed deduction and want to make other arrangements to repay the overpaid amount of pension.

## 4 Authority for deductions from pension

Complete this section *only* if you want deductions to be made from your fortnightly pension benefit and remitted to your nominated health fund and/or association.

**Note:** The only health funds that deductions can be remitted to are:

Government Employees Health Fund, HCF, MBF, Manchester Unity Health Fund, Medibank Private, NIB, R & T Health Fund and Teachers Health Fund.

### Authority for deductions from pension (complete only the applicable parts below)

1.  I authorise the Trustee to deduct from my pension  per fortnight representing my health insurance premium and to remit the premium to the health fund nominated below:

Name of health fund

Registered No.

Table (Plan)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

I acknowledge that the nominated amount of premium may be varied without prior reference to me in the event that notice of change is received by the Trustee from the health fund.

2.  I authorise the Trustee to deduct from my pension \$  per fortnight for credit to my Retired Police Association account.

3.  I authorise the Trustee to deduct from my pension \$  per fortnight for credit to my Police Association account.

**Note:** Other than any tax instalments, deductions will not be made unless this authority is completed. Any direction/authority now given shall continue in force until such time as varied or revoked by written notice to the Trustee.

## 5 Applicant: please sign here

I certify that the information given in this form is correct.

(Delete if not applicable) I acknowledge the arrangements for deductions from my fortnightly pension.

Signature

Name (please PRINT)

Date

DD	MM	YY
/	/	

## 6 Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Pillar Administration, in accordance with the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (NSW)*, under which you have rights of access and correction. For further information about privacy, contact Pillar Administration by writing to PO Box 1229 Wollongong NSW 2500 or visit [www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au) for State Super's Privacy Statement.

## 7 What to do next

Once you have completed this form, the following documents (if applicable) should be attached to it:

- Completed *Tax file number declaration* form; and
- Certified copy of your Birth Certificate or other proof of your age and identity (if it has not already been provided to us).

Post the completed form and applicable supporting documents to:

**Pillar Administration**  
**PO Box 1229**  
**Wollongong NSW 2500**

If you require help with this form, please contact:

Customer Service  
1300 652 113 (for the cost of a local call unless you are calling from a mobile or pay phone)  
or email [enquiries@stc.nsw.gov.au](mailto:enquiries@stc.nsw.gov.au)