



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

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 member

of

Given name/s of deceased PSS member

Member number of deceased PSS member

who died on

DD	MM	YY
/	/	

Place of Death

at

hereby apply for a 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

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Name of bank/building society/credit union

Branch

4 Authority for deductions from pension

Complete this section *only* if you want deductions to be made from your fortnightly pension benefit and remitted as health insurance premiums to your nominated health fund.

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.

Tick the applicable boxes below and complete the relevant fields.

Authority for deductions from pension (complete only if applicable)

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"/>
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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.

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 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