

# Application for Payment of a Spouse or De Facto Partner Pension Benefit Upon the Death of a PSS Pensioner

Please print clearly in black ink.

## Use this form...

- ▶ only if you have been informed in writing by Mercer, 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.

### 1. Details of applicant

I Mr/Mrs/Ms/Miss/Dr    Male    Female    Birth date (DD-MM-YYYY)

   ☐    ☐      -   -

Given name(s)

Family name

Residential address

Suburb

State/Territory    Postcode

Postal address (if different from residential address)

Suburb

State/Territory    Postcode

Work or Home    Daytime contact telephone number

☐ ☐   

Mobile number

Email address

who was the ☐ spouse or ☐ de facto partner

of Given name(s) of deceased PSS pensioner

Family name of deceased PSS pensioner

Member number

Cross whichever is applicable

### If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

## 1. Details of applicant *continued*

who died on (DD-MM-YYYY)

  -   -    

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

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.

All applicants must provide proof of identity. See the information at the end of this form on the certified documents that must be provided with your application.

## 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 *(The account must be held solely, or jointly in your name)*

                  

BSB number

Account 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.

*Please note that you will need to provide a copy of an extract of your bank statement with your application that clearly shows the account name and number.*

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#### 4. Authority for deductions from pension

Please deduct the following payments from my pension payments until further notice in writing. I understand that this authority will continue until I write to Mercer to change or cancel it.

##### ☐ Health insurance premiums

Mercer can forward payments to one of the following: Australian Unity Health Ltd, HCF, BUPA, Medibank Private, St Lukes Health Insurance, Westfund Ltd.

I authorise Mercer to deduct health insurance contributions from my pension each fortnight and to forward deductions to my health fund:

Name of fund *(must be from the list above)*

Registered number

Table (plan)

Fortnightly amount

\$

I acknowledge that the nominated amount of premium may be varied in the event that notice of change is received by Mercer from the health fund.

**Note:** This authority will continue to remain in force until such time as written notice is provided to Mercer to vary or revoke the original instruction.

##### ☐ Subscriptions

*Note that by electing a subscription, you consent to Mercer providing your address to the Police Association of NSW and/or the Retired Police Association so that they can contact you. Your address will be used solely for the purpose of providing the subscription and will not be given to any other parties without your consent.*

Police Association of NSW (Associate Member) fortnightly amount

\$

Retired Police Association fortnightly amount

\$

NSW Police Legacy fortnightly amount

\$

##### ☐ Police Credit Union

Credit my account at the Police Credit Union

Account name

BSB number

Account number

Fortnightly amount

\$

*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 written notice is provided to Mercer to vary or revoke the original instruction.*

*Please note that you will need to provide a copy of an extract of your bank statement with your application that clearly shows the account name and number.*

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## 5. Applicant: please sign here

I declare that the information I have given is correct.

☐

I have reviewed Section 6 - Proof of Identity and Section 7 - Electronic verification, and confirm the following (please select one or more):

☐

I have provided certified proof of identity documents

☐

If my proof of identity documents are not certified correctly, I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically.

☐

I have provided electronic verification information in Section 7. I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically.

Note - if you provide authorisation to have your identity verified electronically but the documents are not compatible, you will need to provide certified copies of the required documents. We will contact you if this is the case.

**Name** (Print in BLOCK LETTERS)

**Signature**

**Date** (DD-MM-YYYY)

**Return the completed form to:**

State Super (PSS)  
GPO Box 2181  
MELBOURNE VIC 3001

### If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

## Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Mercer Administration Services (Australia) Pty Ltd in accordance with STC's Privacy Statement and the *Privacy and Personal Information Protection Act 1998 (NSW)*, under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies and third parties.

For further information about privacy, contact Mercer by writing to:

GPO Box 2181  
Melbourne VIC 3001

or visit

[www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au)

ABN 29 239 066 746  
SPIN SAS0101AU

## 6. Proof of identity

You will need to provide proof of identity documentation or electronic verification information with your application to prove that you are the person entitled to the superannuation benefit.

See below for acceptable certified documents.

### Either

One of the following certified documents:

- Current Australian State or Territory drivers licence containing a photograph of the person, or
- Australian Passport, or
- Current card issued under a State or Territory law for the purpose of providing a person's age containing a photograph of the person, or
- Current foreign passport or similar travel document containing a photograph and the signature of the person\*

### OR

One certified document from each of the following groups:

#### Group 1

- An Australian birth certificate or birth extract issued by a State or Territory
- Citizenship certificate issued by the Commonwealth
- Current pension card issued by Centrelink that entitles the person to financial benefits

#### Group 2

- Notice issued by the Commonwealth or a State or Territory government within the preceding 12 months that records the provision of financial benefits to you, i.e., a letter from Centrelink.
- Notice issued by the Australian Taxation Office within the past twelve months that contains your name and residential address and records an amount payable to or by you, i.e., your last tax assessment.
- Notice issued by a local government body or utilities provider within the past three months showing the provision of services to you and your current

residential address, i.e., water, gas or electricity bill, rates notice.

- \* Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

### Change of name

Make sure that proof of change of name is also provided if your current name is not the same as the name on these documents, e.g. Change of name certificate, or deed poll document. If your name has changed on marriage, a marriage certificate issued by the Registry of Births, Deaths and Marriages is required; ceremonial marriage certificates are not acceptable.

† Certified means that all copied pages of original proof of identity documents or change of name documents have been certified as true copies by an individual approved to do so. Persons who are authorised to certify documents must sight the original and the copies and make sure both documents are identical, then make sure that all copies are certified as true copies by writing or stamping 'certified true copy' followed by the individual's signature, printed name, qualification and date.

### If you are in Australia

The following persons are eligible to certify copies of original documents:

- Australia Post Permanent Employee or Agent (who is currently employed with the post office and has at least two continuous years of service or is in charge of supplying postal services to the public)
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank Officer, Building Society Officer or Credit Union Officer (with two or more years of continuous service)
- Chiropractor
- Commissioner for Affidavits or Declarations

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## 6. Proof of identity *continued*

- Court Officer: Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- Dentist
- Fellow of the National Tax Accountants' Association
- Finance Company Officer (with two or more years of continuous service with one or more finance companies)
- Justice of the Peace
- Legal practitioner
- Marriage celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- Medical practitioner
- Member of Chartered Secretaries Australia
- Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)
- Member of Engineers Australia (other than at the grade of student)
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force (who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of Religion (registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- Notary Public
- Nurse
- Optometrist
- Officer with, or a credit representative of, a holder of an Australian credit licence, having two or more years of continuous service with one or more licensees
- Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees
- Patent attorney
- Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Pharmacist
- Physiotherapist
- Police Officer, Sheriff's Officer or Sheriff
- Psychologist
- Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)
- Teacher employed on a full-time basis at a school or tertiary education institution
- Trade marks attorney
- Veterinary surgeon

### **If you are outside Australia**

The following people are eligible to certify copies of original documents outside of Australia:

- consular staff at an Australian Embassy, High Commission or Consulate
- a public notary or other person authorised to administer an oath or affirmation or to authenticate documents in the country you are visiting or living in.

The professions listed under **If you are in Australia** can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certified outside Australia, the certifier must quote their registration number or the relevant law that qualifies them to authenticate your documents.

### **If you need help with this form**

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

Please complete this section if you would prefer to allow us to verify your identity information electronically, instead of providing certified proof of identity documents.

You must provide complete details for any TWO of the following (note, only Australian documents can be verified electronically)

Full name exactly as shown on my Medicare Card

[illegible][illegible]

\_\_\_\_ / \_\_\_\_

Green Blue Yellow

Full name exactly as shown on my Drivers Licence

[illegible][illegible]

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## Passport Number

[illegible]

□ □ - □ □ - □ □ □ □

If you provide authorisation to have your identity verified electronically but the documents are not compatible, you will need to provide certified copies of the required documents and post these to us. We will contact you if this is the case.

PSS 607 10/2024

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