APPLICATION FOR PAYMENT OF A SPOUSE OR DE FACTO PARTNER PENSION BENEFIT UPON THE DEATH OF A PSS MEMBER

Please print clearly in black ink.

1. Details of applicant

<table>
<thead>
<tr>
<th>Name</th>
<th>Male</th>
<th>Female</th>
<th>Birth date (DD-MM-YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given name(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td>State/Territory</td>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Postal address (if different from residential address)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td>State/Territory</td>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Work or Home</td>
<td>Daytime contact telephone number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email address</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

who was the spouse or de facto partner of Given name(s) of deceased PSS member

Family name of deceased PSS member

Member number of deceased PSS member

who died on (DD/MM/YYYY)

Place of death

hereby apply for a 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:

<table>
<thead>
<tr>
<th>Account name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BSB number</td>
<td></td>
</tr>
<tr>
<td>Account number</td>
<td></td>
</tr>
<tr>
<td>Name of bank/building society/credit union</td>
<td></td>
</tr>
<tr>
<td>Branch</td>
<td></td>
</tr>
<tr>
<td>Postal address of bank/building society/credit union</td>
<td></td>
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<tr>
<td>Suburb</td>
<td></td>
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<tr>
<td>State/Territory</td>
<td></td>
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<tr>
<td>Postcode</td>
<td></td>
</tr>
</tbody>
</table>

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

**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:

<table>
<thead>
<tr>
<th>Name of health fund</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Number</td>
<td></td>
</tr>
<tr>
<td>Table (Plan)</td>
<td></td>
</tr>
</tbody>
</table>
4. Authority for deductions from pension continued

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.

Account name

BSB number    Account number

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 I have given in this form is correct.

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

Name (Print in BLOCK LETTERS)

Signature

Date (DD-MM-YYYY)

Return the completed form to

State Super (PSS)
PO Box 1229
WOLLONGONG NSW 2500

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
6. Proof of identity

All applicants must provide proof of identity. If you wish to be paid your benefit, you will need to provide certified† documentation with your application form to prove that you are the person to whom the superannuation entitlements belong. The following certified documents must be provided with your application form:

**Either**
One of the following certified documents:
- Drivers licence issued under State or Territory law, or
- Passport

**OR**
One certified document from each of the following groups:

**Group 1**
- Birth certificate or birth extract
- Citizenship certificate issued by the Commonwealth Government

**Group 2**
- Letter from Centrelink regarding a Government assistance payment issued within the past twelve months which contains your name and residential address.
- Notice issued by the Australian Taxation Office within the past twelve months that contains your name and residential address i.e. Tax Office Notice of Assessment.
- Notice issued by a local government body or utilities provider within the past three months that contains your name and residential address i.e. water, gas or electricity bill, rates notice.
- Pension card issued by Centrelink that entitles the person to financial benefits.

**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.

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 & 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
- 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
6. Proof of identity continued

- 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

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, 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. Information you provide may be disclosed to lawfully authorised government agencies and third parties including the insurer or medical consultant who may be involved with the assessment of this application.

Personal medical information in relation to your application may also be obtained from a third party, such as a medical consultant. Access to this information may be restricted if the information that is provided poses a serious threat to your life or health.

For further information about privacy, contact Mercer by writing to:
PO Box 1229
Wollongong NSW 2500

or visit
www.statesuper.nsw.gov.au

ABN 29 239 066 746
SPIN SAS0101AU

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