

# 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

. Details of applicant	
Mr/Mrs/Ms/Miss/Dr Male Female Birth	date (DD-MM-YYYY)
Given name(s)	
Family name	
Tarriiy Harrie	
Decidential address	
Residential address	
Suburb	State/Territory Postcode
Postal address (if different from residential address)	)
Suburb	State/Territory Postcode
Work or Home Daytime contact telephone numb	per
Mobile number	
Woolie Harrisel	
Email address	
Email address	
who was the spouse or de facto partner	r
f Given name(s) of deceased PSS member	
I divermented of accoused 1 00 member	
Family name of deceased DCC	
Family name of deceased PSS member	
Member number of deceased PSS member	
who died on (DD/MM/YYYY)	
Place of death	
t	
	ovisions of the Police Regulation

#### If you need help with this form

### 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	nension to a Bank Building Society or Credit Union			
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:				
	nt must be held solely, or jointly in your name)			
Account Harrie (The account	t mast be note sololy, or jointly in your name,			
BSB number	Account number			
Name of bank/building society/credit union				
Branch				
Destal estal estal estal (le cili	diamental description			
Postal address of bank/buil	aing society/credit union			
Suburb	State/Territory Postcode			
Gabarb	Citato Torritory 1 ostoodo			
4. Authority for deduc	tions from pension			
4. Authority for deduc	tions from pension			
Complete this section only i	f you want deductions to be made from your fortnightly			
Complete this section only in pension benefit and remitter	f you want deductions to be made from your fortnightly d to your nominated health fund and/or association.			
Complete this section only in pension benefit and remittee Note: Mercer can forward p	f you want deductions to be made from your fortnightly d to your nominated health fund and/or association.			
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#### If you need help with this form

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.			
4. Please deduct \$ . from my pension per fortnight for credit to my Police Credit Union account			
Account name  BSB number Account number			
<b>Note:</b> 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.			
5. Applicant: please sign here			
I certify 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.			
<b>Note -</b> 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.			
(Delete if not applicable) I acknowlege the arrangements for deductions from my fortnightly pension.	y		
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

## 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.

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

GPO Box 2181 Melbourne VIC 3001

or visit

#### www.statesuper.nsw.gov.au

ABN 29 239 066 746 SPIN SAS0101AU

#### 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<sup>†</sup> documentation or electronic verification information with your application form to prove that you are the person to whom the superannuation entitlements belong.

The following certified documents can be accepted:

#### **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.

<sup>†</sup> 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**

#### If you need help with this form

#### 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 noncommissioned 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

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#### 7. Electronic verification

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.

We use a platform called 'greenID' to complete this verification. GreenID assists entities in meeting their Anti-Money Laundering and Counter-Terrorism Funding obligations by providing a secure and complete identity verification system.

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

1. Medicare Card						
Full name exactly as shown on my Medicare Card						
Medicare number	Reference number					
Valid to (MM/YYYY)	Medicare card colour					
/	Green Blue	Yellow				
2 Duivers License						
2. Drivers Licence						
Full name exactly as shown on my Drivers Lice	CE					
Licence number	Priver licence card number	er e e e e e e e e e e e e e e e e e e				
State of issue Expiry (DD-MM-YYYY)						
3. Australian Passport						
Passport Number						
Place of birth (as shown on passport)						
Country of birth (not shown on passport)						
leading of share flower on passipole,						
Expiry date (DD-MM-YYYY)						

Notes: If your name differs between documents and/or your account details, you will need to provide a certified linking document (eg: Marriage Certificate from the Registry of Births, Deaths & Marriages).

If you complete the details for electronic identity identification, we will take this as consent to validate your details electronically.

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.

#### If you need help with this form