



Restoration of Reversionary Pension Benefit Application Form

Superannuation Act 1922 (1922 Act)

Who should use this form?

This form is to be completed by a person whose widow or widower pension, under the Commonwealth Superannuation Scheme, was ceased on their re-marriage (prior to 1977) or a person whose pension was cancelled and later only partially restored.

Please forward your completed form and any supporting documentation to:

Pensions Administration Section
PO Box 22
Belconnen ACT 2616

Is someone acting on your behalf or assisting you through this process?

If a family member or legal personal representative is helping you through this process, you are required to provide a letter of authority giving consent to this person to act on your behalf as either your Guardian or as your Power of Attorney.

Who is eligible to receive a pension?

1. Your spouse pension ceased to due remarriage

If at the time of your former husband or wife's death you received a pension that was cancelled when you remarried, you can now apply to have the pension restored.

2. You currently receive a partially restored pension

If following cancellation, your pension was later partially restored, you can now apply to have the pension fully restored.

Information essential in relation to your application

If you are not already in receipt of a partially restored pension, ComSuper needs to establish that your pension was ceased on remarriage.

To ensure your benefit is processed quickly and accurately, it will assist ComSuper if you can provide us with the following documents, if available:

- any correspondence from the Superannuation Board (AGRBO or the RBO, and now known as ComSuper) or the Department of Social Security (DSS) (now known as Centrelink), in relation to the cessation of your pension

*You do not need to
return this page with
your form.*

- a copy of any group certificate of yourself or the deceased, relating to the deceased's or your pension
- a copy of bank book or statement confirming date pension ceased
- a copy of your Marriage Certificate to the deceased Member
- a copy of the deceased Member's Death Certificate.

ComSuper understands it may take time to locate this information, but please do not delay sending your application to ComSuper. The documents requested can be sent at a later date.

ComSuper will assess your application and will notify you of the decision in writing.

Please fully complete the form to reduce any delay in processing your application.

If approved, your pension will re-commence from 1 January 2008 or from the date your application is received at ComSuper – whichever is the latter. The pension is prospective only and will not be back dated to the day it was ceased.

Your new pension payment will be at the same rate you would have received it, adjusted in line with the consumer price index (if appropriate or earlier equivalent) had your pension not been cancelled.

Given the passage of time since pensions were cancelled ComSuper anticipates that the approval process for some applications may take some time whilst entitlements are verified.

Payment of Pension

Pension information

How often is the pension paid?

Every fortnight

Who pays the pension?

Once ComSuper establishes your entitlement to a pension, payment will be made by ComSuper.

Will this affect any other payments I am receiving?

It may. You need to inform any agency that pays you a benefit that is income tested.

This payment, however, is not affected by other payments you may receive.

Method of payment

Pension is paid by direct credit to an approved financial institution (bank, building society, credit union) within Australia of your choice. If at any time, after the pension has commenced, you wish to change the institution to which the pension is being credited, you will need to contact ComSuper by telephoning 1300 001 877 and pressing option 1. This must be done one week before payday to ensure payment to your new account.

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Tax File Number requirements

In accordance with the Taxation Laws Amendment (Tax File Numbers) Act 1988, if you do not provide your Tax File Number (TFN) to ComSuper, we are required to deduct PAYG tax at the full rate of 48.5 per cent including Medicare levy from your pension. If you do not have a TFN you should lodge an Australian Taxation Office (ATO) application enquiry form with the ATO. Forms are available at all Taxation Offices. You must provide proof of identity at the time you lodge the form.

Tax File Number Declaration form

The information you provide on this form will determine how much tax is deducted from your pension. Please note, you can only claim the tax free threshold against one source of income.

A Tax File Number Declaration Form is attached.

Pension increases

The legislation provides for bi-annual adjustments to your pension where there is an upward movement in the Consumer Price Index over the relevant preceding six months. Any increases are paid on the first payday in January and July each year.

When does the pension cease?

The reversionary pension is payable for your lifetime. Your pension will not revert to anyone else upon your death.

Privacy

ComSuper is collecting the information on this form for the following reasons:

- to confirm your identity
- to assess your eligibility for payment of the benefit
- to pay your benefit
- to contact you

ComSuper is committed to protecting any personal information we hold about you. Your information will not be used for any other purpose or disclosed to another party unless:

- you authorise us to do so
- the disclosure is authorised by law. This may include disclosing your personal information to other Government agencies that have specific legislative authority to collect this information (for example the Australian Taxation Office or Centrelink. We will not disclose your personal information to these agencies unless it is lawful to do so
- it is provided to Orima Research who may, on our behalf, invite you to participate in a survey about our service (they are required to protect

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this information from disclosure to another party). If you do not want your contact details provided to Orima Research, please put a cross in the box at question 13 on page 3 of the Benefit Application Form.

Need more information?

The Commonwealth Superannuation Scheme is administered by ComSuper. If you need more information or help to complete this application please:

Telephone: 1300 001 877

Fax: (02) 6272 9618

Write to: Pensions Administration Section

PO Box 22

Belconnen ACT 2616

When contacting ComSuper, it will assist us if you can quote the reference number of the deceased.

How to complete this application

Part A - Your Status

This Part identifies the parts of the application form you need to complete.

Part B - About the deceased

This Part asks for identification details about your deceased spouse to ensure correct calculation of your benefit.

Part C - About yourself

This Part asks for details about yourself, including past and current marital status. If you are not already in receipt of a partial pension from ComSuper you must include a copy of your marriage certificate (with the deceased person to whom this benefit relates) for verification.

If you cannot locate the certificate, contact the Registrar of Births, Deaths and Marriages in the state you were married to organise a certificate. It is important that you keep ComSuper informed of any changes of postal address, residential address, bank details or name.

Part D - Payment details

This Part lets you tell ComSuper where to pay your pension.

The account must be an Australian account held in your name only or jointly between yourself and one other person.

Part E - Tax File Number

Providing your TFN is voluntary. If you choose not to provide it you will not commit an offence. For further information, please refer to page 3 of these notes.

Part F - Declaration

Be sure to sign the declaration to avoid delay in your payment.

You do not need to return this page with your form.

Part G - Attachments

Please ensure relevant documents are included.

Part H - Privacy

This Part allows you to elect to participate in the Orima Research survey.

We request that you fully complete the form to reduce processing delays.

To protect against fraud and to safeguard your benefit, we need you to provide documentation to prove your identity. ***(This is only necessary if you are not already in receipt of a partial pension).***

You will need to provide certified copies of one document from column A in the table below AND three documents from column B. For example, you could provide a copy of your birth certificate (from column A) and copies of your Medicare card, a phone bill and an electricity bill (from column B). Alternatively, you may provide two documents from column A and one from column B if that is more convenient.

A	B
Passport current or expired by less than two years	Medicare card
Birth Certificate	A current statement from a financial institution with the same address and name as on the application
Birth card issued by a State Registry of Births, Death and Marriages	Copy of an electricity bill with the same address and name as on the application
Australian Citizenship certificate	Copy of a telephone bill with the same address and name as on the application
Current driver's licence	Copy of a gas bill with the same address and name as on the application
Current identification card issued to a public sector employee	Copy of a rates bill with the same address and name as on the application
An identification card issued to a student at a tertiary education institution	Valid credit card
Pension or other social security benefit card	A document from Column A not yet provided

Faxed copies of documents are not acceptable.

Identification requirements

You do not need to return this page with your form.

- *If you are providing copies of bills or statements, you should black out any personal financial information or details of transactions in order to protect your privacy. Copies of identification will be stored electronically in a secure environment. The paper copies will be securely destroyed. All copies will only be used for the purposes of confirming your identity.*
- *The certifying authority also must confirm in writing that you are the valid holder of the ID that you are presenting and that any copies are true copies of the original.*
- *The certification must include the name, address, occupation, telephone number and registration number (if applicable) of the certifying authority.*

All copies of documents provided to ComSuper must be certified as true and correct copies of the original by one of the following:

- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court;
- a Justice of the Peace
- a notary public (for the purposes of the Statutory Declaration Regulations 1993)
- a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

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PART A *Your Status*

Please tick one of the boxes below to identify your status:

- my spouse pension was ceased due to my remarriage
(Complete **all parts** of the Application Form)
- I currently receive a partially restored pension
(if known, what percentage?) % _____
(Complete Parts A, C, E, F and G - where relevant)

PART B *About the deceased*

1. Superannuation membership number _____

2. Title _____

Surname _____

Given names _____

3. Date of birth __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)

4. Date of death __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)

5. Residential address at time of death

6. Retirement pension or salary at the time of death
(if known - please specify if the amount is per fortnight or per annum.
Otherwise state 'unknown')

\$ _____

PART C
About yourself

7. Your title: Mr Mrs Ms
- Your given names _____
- Your maiden name _____
- Your date of birth _ _ / _ _ / _ _ _ _ (dd/mm/yyyy)
- Your surname at the time of
the deceased's death _____
- Your date(s) of re-marriage _ _ / _ _ / _ _ _ _ (dd/mm/yyyy)
- _ _ / _ _ / _ _ _ _ (dd/mm/yyyy)
- Your residential address at time your pension was cancelled
- _____
- _____

8. Your current surname _____
- Your Pension Reference Number _____
- Your current postal address _____
- _____
- Your email address _____
- Your contact phone number () _____

PART D
Method of payment

9. Branch name _____
- Branch No. (BSB) _ _ - _ - _ - _ -
- Account No. _ - - - - - - - - - -
- Account held in name(s) of
(must include your name) _____

PART E

Tax File Number

10. Providing your TFN is voluntary. If you choose not to provide it you will not commit an offence. The consequences of not providing your TFN are:

- tax will be deducted from your benefit/s at the highest marginal rate
- you may become liable to pay a surcharge which, had you provided your TFN, you would not have been required to pay
- the trustee of another superannuation scheme or RSA provider holding your benefits now or in the future may not be able to locate, amalgamate or identify your benefits in order to pay you.

Note that these consequences may change in the future as a result of legislative change.

ComSuper is authorised to collect your TFN under the provisions of the Superannuation Industry (Supervision) Act 1993. We will treat your TFN as confidential and will only use it for legal purposes, which include:

- finding or identifying your superannuation benefits where other information is insufficient
- calculating tax on your benefits
- providing information to the Commissioner for Taxation.

Note that the lawful purposes may change in the future as a result of legislative change.

If you have already provided your TFN to us, you are under no obligation to provide it again in this application.

Your Tax File Number — — — — | — — — — | — — — —

Your Tax File Number remains confidential

PART F

Declaration

11. I declare that the information supplied by me is true and correct to the best of my knowledge

Your signature _____

Date — — / — — / — — — — (dd/mm/yyyy)

PART G
Attachments

12. If you have included some attachments with this application, please tick the appropriate box(es) to ensure the attachments are properly recorded.

ComSuper understands it may take time to locate this information, but please do not delay sending your application to ComSuper. The documents requested can be sent at a later date.

Please send CERTIFIED COPIES of your original documents, as any documents you supply will be retained on records at ComSuper.

- Relevant correspondence
- Copy of bank book or statement
- Full marriage certificate relating:
 - to the deceased
 - to later remarriage
- Death certificate of the deceased
- Tax File Number Declaration Form
- Other (please specify below)
- Identification requirements

PART H
Privacy

13. I do not want my contact details forwarded to ORIMA Research for the purpose of participating in research on the service provided by ComSuper.

TAX FILE NUMBER DECLARATION — required by the Australian Taxation Office (ATO)

Please read the guide on the next page.

Please print neatly in BLOCK LETTERS and use a BLACK or DARK BLUE pen.

Write X in the appropriate boxes.

1 Your tax file number (TFN)

OR application made to the ATO for a new or existing TFN

OR exemption claimed as a pensioner

OR exemption claimed – under 18 years of age

2 Your name Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with the ATO, show your previous family name

4 Your date of birth DAY / MONTH / YEAR

/ /

5 Your home address in Australia

Suburb or town

State Postcode

6 Basis of payment Superannuation pension or annuity

7 Are you an Australian resident for taxation purposes?

Yes No If 'No', you must answer 'No' at Question 9.

8 Do you wish to claim the tax-free threshold from this payer?

Note: If you have more than one source and currently claim the free threshold from another payer, DO NOT claim

Yes No If 'No', you must answer 'No' at Questions 9 and 10 unless you are a non-resident claiming a zone rebate.

9 Are you claiming a family tax benefit or the Senior Australians Tax Offset through a reduced rate of withholding?

Yes No If 'Yes', obtain the *Withholding declaration* from your payer.

10 Are you claiming a zone, dependent spouse or special offset?

Yes No If 'Yes', obtain the *Withholding declaration* from your payer.

11 (a) Do you have an accumulated HECS debt?

Yes No

(b) Do you have an accumulated Financial

Yes No

If 'Yes', your payer will withhold extra amounts to cover your anticipated compulsory repayment(s).

12 Declaration: *I declare that the information I have given is complete and correct.*

Signature

Date DAY / MONTH / YEAR

/ /

Please note—there are penalties for deliberately making a false or misleading statement.

The section below is to be completed by ComSuper

1 ABN

2 Registered business name

COMMONWEALTH

SUPERANNUATION

ADMINISTRATION

3 Trading name—not applicable

4 Contact person MILITARY SECTION

Telephone 1300 001 877

5 Signature of payer

DAY / MONTH / YEAR

/ /

If the payee fails to provide an effective, complete declaration within 14 days of commencing a payer/payee relationship with you, you must withhold 48.5 per cent (the highest marginal rate plus Medicare).

