

# Declaration of eligibility for a Full-Time Student Pension

## Who should use this form?

You should complete this declaration on request by ESSSuper, in order to confirm that you are the dependant of a deceased member, you are aged 18 to 25 years and you are engaged in full time study, and therefore eligible to start or continue receiving pension payments.

## Before you start

Prior to submitting your *Declaration of eligibility for a Full-Time Student Pension form*, please ensure you have answered all questions in each section of *PART A – Applicant Details* (including signing and dating the declaration (Section 5)), and ask your educational institution to complete *PART B – Certification by Educational Institution*. Any omissions may result in a delay or suspension of your pension payments.


If you are unsure of the options available to you or you would like any further information, please call our Member Service Centre for assistance on 1300 655 476.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Part A	Applicant details
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Section 1	Your personal details
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Pension number	<input type="text"/>
Title	<input type="text"/> Mr <input type="text"/> Mrs <input type="text"/> Ms <input type="text"/> Miss <input type="text"/> Other (please specify) <input type="text"/>
Surname	<input type="text"/>
Given names	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Postal address	<input type="text"/>
	Suburb <input type="text"/>
	State <input type="text"/> Postcode <input type="text"/>
	<input type="checkbox"/> Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.
Residential address	<input type="text"/>
	Suburb <input type="text"/>
	State <input type="text"/> Postcode <input type="text"/>
Telephone (business hours)	( <input type="text"/> ) <input type="text"/> (after hours) ( <input type="text"/> ) <input type="text"/>
Telephone (mobile)	<input type="text"/>
Email address	<input type="text"/>

 By providing your email address you are authorising ESSSuper to send communications including statement notifications to that address. This authorisation will apply until it is revoked by you.

## Section 2

## Course details

Course name

Educational institution

Course start date

Expected course end date

## Section 3

## Pension details

Please select only one:

I am presently receiving a pension and would like my pension payments to continue to be deposited into the same account.

OR

I am presently receiving a pension and would like to change the account that pension payments are deposited into. (Please also complete Section 4 "Bank Account Details".)

OR

I am a first time recipient of a pension (Please also complete Section 4 "Bank Account Details".)

## Section 4

## Your banking details

Your fortnightly pension will be deposited into one account held in your name (or jointly in your name). Please provide details below:

Name of financial institution

Branch

Financial institution postal address

Suburb

State

Postcode

Account holder name  
(e.g. *John Citizen*)

BSB number

Account number

Note: Please take care in recording financial institution details, particularly the branch and account number (most account numbers have a maximum of nine digits). Neither your bank nor ESSSuper can accept responsibility for any delay or loss of interest caused by incorrect bank details on this application.

## Section 5

## Declaration and signature

I declare that:

- I am a full-time student.
- I undertake to immediately advise ESSSuper in the event that I cease to be a full-time student.
- I undertake to refund in full to ESSSuper any overpayment of pension or other benefit received by me, which occurs as a result of my failure to notify ESSSuper that I have ceased to be a full-time student.
- I have read and accept the statements relating to privacy appearing on the ESSSuper website. ESSSuper will collect and use the information contained in this form to administer the public sector superannuation scheme of which I am a member, or a beneficiary of a member. This information may be disclosed to third parties to administer my membership, or claim, or as required or authorised by law.
- The contents of this Declaration of eligibility for a Full-Time Student Pension are true and correct.

Signature

✘ PLEASE SIGN HERE

Date

Part B

Certification by educational institution

Who should use this form?

This form should be completed by the educational institution at the request of a member of ESSSuper who is eligible to be paid a pension, aged 18 to 25 and engaged in full-time study.

Before you start

Prior to submitting the *Declaration of eligibility for a Full-Time Student Pension* form, please ensure you have completed **ALL** sections in PART B. Any omissions may cause unnecessary delays when ESSSuper is assessing the eligibility of the student and may result in a delay in pension payments for the student. If you are unsure of any of the questions or you would like any further information, please call our Member Service Centre for assistance on 1300 655 476.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Course details

Educational institution

Student is enrolled for  first semester only OR  second semester only OR  full year

Course start date  /  /  Expected course end date  /  /

Student number

Section 2

Validation

In order to validate this form we require:  
You must select at least one of the options listed for this form to be valid.

The Educational Institution's stamp to confirm that this has been completed by an authorised representative.

STAMP HERE

OR If you do not have a stamp please:  
 Attach a letter on the Institutions letterhead confirming the details in Section 1 above.

Section 3

Certification

I certify that to the best of my knowledge the contents of this Declaration are true and correct.

Name of authorised representative

Position title

Telephone (  )

Signature of authorised representative  PLEASE SIGN HERE

Date  /  /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001  
T 1300 655 476 | F 1300 766 757 | [www.esssuper.com.au](http://www.esssuper.com.au)

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at [www.esssuper.com.au](http://www.esssuper.com.au)