



Retirement Benefits

(e.g. Superannuation, Long Service Leave, Recreation Leave and Sick Leave)

DVA File No. (if known)

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants. [Read more: How DVA manages personal information](#)

Where applicable, remember to include the details of your partner's retirement benefits.

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

1. Your full name

2. Please ask your employer to complete the section below

TO BE COMPLETED BY EMPLOYER

(a) Date employment commenced / /

(b) Date employment ceased / /

(c) Average gross weekly wage paid for the last four weeks of employment \$ per week

(d) Details of retirement benefits:	Long service leave	\$ <input type="text"/>
	Superannuation/Provident Fund	\$ <input type="text"/>
	Recreation leave/Sick leave entitlements	\$ <input type="text"/>
	Compensation	\$ <input type="text"/>
	Any other allowances	\$ <input type="text"/>

(e) Employer's signature / /

Name of person signing

Telephone number ()

(f) Employer's name and address

Postcode

Your details

3. When did you (or do you expect to) receive payment? / /

4. Have your retirement benefits been included in the financial details you have supplied?

Yes No - give full details of how you intend to dispose of the benefits (include bank account numbers, type of investment etc.)

Declaration

I declare that the information I have given in this form is complete and correct.

Giving false or misleading information is a serious offence

Your signature / /

Partner's details

3. When did you (or do you expect to) receive payment? / /

4. Have your retirement benefits been included in the financial details you have supplied?

Yes No - give full details of how you intend to dispose of the benefits (include bank account numbers, type of investment etc.)

Declaration

I declare that the information I have given in this form is complete and correct.

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Partner's signature / /