



Pension Life Certificate

Completion of this form by Veterans' Affairs pensioners in person (or by a trustee or agent as stated below) is necessary to establish that you are still eligible to receive a pension. The completed form must be returned to the address shown at the bottom of page 2 within 28 days. If it is not returned your pension may be suspended or cancelled.

You will be responsible for any costs involved in the witnessing of your signature on this certificate.

Only the following persons are authorised to witness a signature on this form:

- A Notary authorised as such by law.
- An Australian official at an Australian Embassy, Consulate or High Commission.
- A Justice of the Peace or a Commissioner for Declarations.
- Priest, Minister, Rabbi, Imam or similar religious leader.
- Police Officer.
- Judge or Magistrate.
- Solicitor.
- Physician.

Part A	Pensioner's Declaration
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	<ul style="list-style-type: none"> • I understand that there are penalties for making a false declaration. • I declare that I receive a pension from the Department of Veterans' Affairs. 	
1: Pensioner's surname	<input style="width: 100%;" type="text"/>	
2: Given name(s)	<input style="width: 100%;" type="text"/>	
3: Date of birth	<input style="width: 100%; text-align: center;" type="text" value=" / /"/>	
3: Address	<input style="width: 80%;" type="text"/>	POSTCODE
	<input style="width: 80%;" type="text"/>	<input style="width: 100%;" type="text"/>
4: Phone number	<input style="width: 20%; text-align: center;" type="text" value="[]"/>	Mobile <input style="width: 60%;" type="text"/>
5: Signature	<input style="width: 80%; height: 40px;" type="text" value="✍️"/>	Date
		<input style="width: 100%; text-align: center;" type="text" value=" / /"/>

Witness/Authorised Person Declaration

	<ul style="list-style-type: none"> • I declare that I have witnessed the signature above and I am satisfied that it is consistent with the signature in his/her passport or similar document. 	
6: Title of witness/authorised person (e.g. Notary)	<input style="width: 100%;" type="text"/>	
7: Full name of witness/authorised person	<input style="width: 100%;" type="text"/>	
8: Address	<input style="width: 80%;" type="text"/>	POSTCODE
	<input style="width: 80%;" type="text"/>	<input style="width: 100%;" type="text"/>
9: Phone number	<input style="width: 20%; text-align: center;" type="text" value="[]"/>	Mobile <input style="width: 60%;" type="text"/>
10: Witness/authorised person signature	<input style="width: 80%; height: 40px;" type="text" value="✍️"/>	Date
		<input style="width: 100%; text-align: center;" type="text" value=" / /"/>

Part B**Nominated Representative Declaration**

NOTE: If you are the Power of Attorney (POA), Trustee or Agent for the pension you must return with this form either a written authority the Pensioner has signed appointing you as his or her agent or a certified copy of the authority. Alternatively you may send a notarised/certified copy of any legal document by which you have been appointed as Trustee by a court.

I am a (please tick):

POA Trustee Agent

- I declare that I am the POA/Trustee/Agent for the pension of the below named Pensioner who is still alive and receiving benefit from his/her pension.

11: Full name of pensioner

12: Full name of Trustee/Agent

13: Address

<input type="text"/>	POSTCODE
<input type="text"/>	<input type="text"/>

14: Phone number

[]	Mobile	<input type="text"/>
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15: Trustee/Agent signature

	Date
<input type="text"/>	<input type="text"/>

It is essential that the signature verification is completed before you return this form to the Department of Veterans' Affairs.

16: Official stamp (if applicable)

17: Comments

If you require more information: Please call **1800 555 254** and ask for extension **179156**
For overseas residents please call **+61 29213 7087** and ask for extension **179156**
DVA website: www.dva.gov.au

Completed forms should be returned to:

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001
Attention: Income Support Reviews NSW