

Public Sector
Superannuation
Scheme

Estimate request form

(member use only)

Reference number (AGS)	<input type="text"/>
Surname	<input type="text"/>
Given names	<input type="text"/>
Date of birth	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y
Date of exit	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y
Exit salary	\$ <input type="text"/>
Phone number	BUSINESS HOURS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Exit type (please select one):	<input type="checkbox"/> resignation and dismissal <input type="checkbox"/> age retirement
Estimate to be returned by (please select only one: email, post or fax):	<input type="checkbox"/> Member email <input type="checkbox"/> Third party email <small>Allow PSS to send your superannuation estimate to another person/financial advisor/ financial institution/solicitor.</small> <input type="text"/> @ <input type="text"/> <input type="checkbox"/> Post <small>POSTAL ADDRESS</small> <input type="text"/> <input type="text"/> <small>SUBURB</small> <input type="text"/> <small>STATE</small> <input type="text"/> <small>POST CODE</small> <input type="text"/>
	<input type="checkbox"/> Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature and date	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <small>SIGNATURE</small> <input type="text"/> </div> <div style="width: 35%;"> <small>Date signed</small> <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y </div> </div>

Your privacy is important to us. We are collecting information on this form to administer your super. If you'd like to read CSC's privacy and security statement, visit www.csc.gov.au/privacy.

POST
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