



Australian Government

Department of Veterans' Affairs

# Claim for Service Pension or Income Support Supplement

## Part B – Income and Assets

	Family name	Given name(s)	Date of birth	File number (if known)
Claimant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are dependent children included in this claim?    No     Yes

**Two part claim**    This is **Part B** of a two part claim form. To avoid delays in processing your claim, please ensure both **Part B** and **Part A** are lodged together.

### Completing this form

If you want to **know more** about the different types of income and assets, please refer to the booklet About Claiming Service Pension or About Claiming Income Support Supplement.

If your income and assets are complex, you may choose to use (at your own expense) an accountant or financial adviser to help you complete this form, but you (and your partner) must sign it.

If you **need more space** to answer questions, please provide an attachment with the required details.

Please **tick** the appropriate boxes.  
Please use **black** or **blue pen**.

### If you have a partner

You must provide details of your partner's income and assets in this form, even if:

- your partner is not claiming; or
- your partner is already in receipt of service pension or income support supplement.

You are asked to show whether you or your partner own an income or asset item. Tick the 'You' box or the 'Partner' box. If it is owned jointly, tick both boxes.

### 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](#)

# SECTION A

# Income and assets

## Bank accounts


### 1 Give details of all your (and/or your partner's) bank, building society and credit union accounts

Include: term deposits, joint accounts, accounts you hold under any other name or money held in church or charitable development funds.

Include details of the account your pension will be paid into.

Do NOT include bonds or debentures. You will be asked about these in a later question.

Name of institution	Name(s) in which account is held	Account number or term deposit number	Type of account	Current balance

 If you have money held in a church or charity account, please attach a statement or document confirming details.

## Cash holdings

### 2 Do you (and/or your partner) have cash holdings totalling more than \$2,000?

This does NOT include cash you have for shopping and other day-to-day expenses.

Cash holdings means notes and coins you have in a safety deposit box, or you are holding instead of putting it into a bank account, or someone else is looking after for you.

No

Yes  ► Amount owned by you

Amount owned by your partner

## Shares

### 3 Do you (and/or your partner) own any shares, options, rights, convertible notes or other securities?


This includes listed and unlisted shares.

It includes shares traded in Australian and overseas markets, and in exempt stock markets.

No

Yes  ► Give details

Name of company	Type of share	Total number of shares	Owned by:	
			You	Partner
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

 Please attach a certified copy of the latest statement or schedule detailing your share holding for each company.

**Bonds/debentures**

**4 Do you (and/or your partner) have any bonds or debentures?** No   
Yes  ► Give details

This includes bonds and debentures offered by finance companies, public companies, Government or Government business enterprises, banks and financial institutions in Australia and overseas.


Do NOT include friendly society bonds or insurance bonds. You will be asked about these in a later question.

Money invested with	Certificate or Series Number	Invested in name(s) of	Current balance
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Money on loan**

**5 Do you (and/or your partner) have money on loan to anyone (including family members) or money on loan to a private trust or company?** No   
Yes  ► Give details

Name of the person to whom the money is loaned	Date lent	Balance outstanding	Lent by:	
			You	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

 For each loan, please attach a certified copy of a document which gives details.

**Managed investments**

**6 Do you (and/or your partner) have any managed investments?** No   
Yes  ► Give details


Managed investments include investment trusts, personal investment plans, insurance bonds and friendly society bonds.

Do NOT include any life insurance policies.

Do NOT include superannuation or rollover investments. You will be asked about these in a later question.

Do NOT include bonds and debentures (you should have listed these at Question 4).

Investment product	Owned by:	
	You	Partner
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

 For each managed investment owned by you (and/or your partner), you **must** attach a certified copy of the latest documents which provide details (e.g. certificate with number of units or account balance).

**7 Do you (and/or your partner) have any money in a superannuation fund where your fund is in the accumulation phase and not paying you a pension?**

No   
Yes  ► Give details

Superannuation funds include retail, industry corporate, employer or public sector funds and retirement savings accounts.  
Do NOT include a self managed superannuation fund. You will be asked about this in another question.

 You **must** attach a certified copy of the latest statement for each fund.


Name of institution/fund manager	Investment product	Owned by:	
		You	Partner
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ComSuper, DFRB and any other defined benefit superannuation payments**

**8 Do you (and/or your partner) receive or are you entitled to receive or are you presently applying for superannuation defined benefit income, pension or disability payments?**

No  Yes  ► Give details

(Examples of defined benefit superannuation fund payments include ComSuper pension, Defence Force Retirement Benefits pension, Military Super pension, State Super pension, bank employee super).

 Please attach your latest statement of benefit from the paying authority. If your payment includes a tax free component, you must also provide evidence of the amount from the paying authority. A tax free component may be allowed as a deduction against your gross payment.

Name of superannuation payment	Start date	Reference number	Paid to:	
			You	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income streams other than defined benefit superannuation payments**

**9 Do you (or your partner) receive income from an income stream?**

No   
Yes  ► Give details


An income stream is a regular series of payments which may be made for a lifetime or fixed period by:

- a financial institution
- a superannuation fund
- a retirement savings account.

**Types of income streams include:**

- account-based pension/allocated pension
- transition to retirement pension
- market linked pension/term allocated pension
- immediate annuity/account-based annuity
- superannuation pension (non-defined benefit).


Name of product provider	Type of income stream	Start date	Product reference number	Paid to:	
				You	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Please attach a certified copy of documents which provide the latest details of each income stream — your provider should be able to provide you with an 'income stream schedule' for each income stream product.


### Self managed superannuation funds

**10 Are you (and/or your partner) a member of a self managed superannuation fund (SMSF) or a small APRA fund (SAF)?**

No   
Yes  ▶


 Please attach a copy of the latest tax return for the fund and the member statement.

These are superannuation funds you have set up yourself (also referred to as Do It Yourself or DIY Funds).

 Please attach full documentation in respect of SMSF or SAF investments. Contact your nearest DVA office if you require more information about what should be provided.


Do you (and/or your partner) draw an income stream from the SMSF or SAF in the form of an account-based or allocated pension, transition to retirement pension, market linked pension, lifetime or life expectancy pension/annuity?

No   
Yes  ▶

 Please attach a copy of documents which provide the latest details of each income stream and an 'income stream schedule' for each income stream product.

Does the SMSF or SAF hold any real estate?

No   
Yes  ▶

 Please attach a copy of the latest council rates notice for each property.

### Gifts

**11 In the last 5 years have you (and/or your partner) given away, sold for less than their value, or surrendered a right to, any cash, assets, property or income?**

No   
Yes  ▶ Give details

This includes forgiven loans and shares in private companies.


What you gave away or sold for less than its value (e.g. money, car, second home, land, farm)	Date given or sold	What it was worth	What you got for it	Gift made by:	
				You	Partner
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

### Other investments

**12 Do you (and/or your partner) have any money invested in, or do you receive income from, any other investments not declared elsewhere on this form?**

No   
Yes  ▶ Give details

Include all overseas investments not declared elsewhere on this form. Do NOT include real estate in Australia, private trusts, private companies or business. You will be asked about these in later questions.

 For each investment, please attach a certified copy of a document which gives details.

Type of investment	Name of organisation/company	Current value of investment	Income received in last 12 months	Owned by:	
				You	Partner
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

### Employment

**13 Do you or your partner CURRENTLY receive any income from work?**


Do NOT include income from self-employment. You will be asked about this later in the form.

**YOU**

No  Yes

**YOUR PARTNER**

No  Yes

 For each employment, attach a completed **Employment Report form (D518)**.

**14 In the last 12 months, have you or your partner stopped working for any employers?**

Including self-employment.

**YOU**

No

Yes  Date ceased

**YOUR PARTNER**

No

Yes  Date ceased

 For each employer, please attach the Employment Separation Certificate or complete the **Retirement Benefits** form (D531).

**Income from an agency outside Australia**


**15 Do you (or your partner) receive income from an agency outside Australia?**

This includes overseas pensions (e.g. British social security, armed forces, public service and war pensions), benefits, allowances, superannuation, compensation and war related payments.

**Please note:** If you are eligible for an overseas payment but don't receive it, then **you must apply** and advise DVA when you receive it.

No  Yes  Give details

Type of payment	Country who pays it	Paid to:	
		You	Partner
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

 For each payment, attach a certified copy of the latest document, which shows the payment amount in the foreign currency and the frequency of the payment. The document should also provide a breakdown of the amounts included (e.g. for British social security pension - attendance allowance, basic pension, graduated retirement benefit etc.). The document must be in English. If necessary, provide a translation by an accredited translator.

**Money from boarders or lodgers**

**16 Do you (and/or your partner) receive money from any boarders or lodgers living with you?**

This includes boarders or lodgers who live with you or in accommodation at the property you live in (e.g. granny flat).

Do NOT include immediate family members (son, daughter, parent).

No

Yes  Give details

Name of boarder/lodger	Relationship to you (e.g. friend, nephew)	Number of meals you provide each day	Amount paid for board or lodging each fortnight	Date boarder or lodger started paying	Paid to:	
					You	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other payments**


**17 Do you (or your partner) receive any payments from any other sources?**

Other sources include:

- gratuities
- payment in kind, such as non-monetary payments for services
- income from an estate
- any other income you have not included elsewhere on this form.

No

Yes  Give details

 For each type of payment, attach a certified copy of a document which gives details.

Type of payment	Who pays it?	Paid to:	
		You	Partner
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Vehicles**

**18 Do you (and/or your partner) own any motor vehicles, boats, caravans or trailers?**

No

Yes  ► Give details

Do NOT include a boat or caravan you live in, or any farming or business vehicles.

Make (e.g. Ford)	Model (e.g. Laser)	Year	Resale value	Amount owing	Owned by:	
					You	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Life insurance policies**

**19 Do you (and/or your partner) have an insurance policy that can be cashed in?**

No

Yes  ► Give details

Do NOT include details of insurance bonds or friendly society bonds in this question. You should have given details of these in Question 6.

Name of insurance company	Policy number	Surrender value	Owned by:	
			You	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other assets**

**20 Do you (and/or your partner) have any other assets which you have not already told us about?**

No

Yes  ► Give details

Include valuable or collectible items such as jewellery, antiques or bullion that are not included in your Household contents value at Question 21

Description of asset	Current market value	Amount owing	Owned by:	
			You	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Household contents**

Household contents include all usual furniture such as soft furnishings (e.g. curtains), electrical appliances other than fixtures such as stoves and built-in items. Personal effects include jewellery for personal use and hobby collections (e.g. stamps, coins). The net market value of your household contents and personal effects is **what you would get if you sold them on the open market (less any debt or encumbrances)**. It is not the replacement or insured value.

**21 Do you wish to declare a net market value (resale value) for your household contents and personal effects?**

No  ► \$10,000 will be held as the value of your contents and personal effects

Yes  ► What is the net market value of your (and your partner's) household contents and personal effects?

\$

**Leaving your home**

If you leave your home and do not receive income in respect of it, your pension will not be affected for up to:

- 12 months - if you have left your home temporarily; or
- 24 months - if you have been given an extension of time by DVA to acquire your home; or
- 2 years - while you receive care or provide care.

If you are in residential aged care and entered care before 1 January 2017, are paying an accommodation payment wholly or partially by periodic instalment, and renting out your former home, the value of your home and the rent received will not affect your pension.

If you leave your home because:

- it was sold; or
- it was lost or damaged (including by a disaster)  
and you intend to acquire a new home, or repair the old home, you can continue to be considered a homeowner for up to 12 months.

In these situations, the sale or insurance/compensation proceeds that you intend to use to acquire the home are also disregarded from the assets test for up to 12 months. The time period can be extended for up to an additional 12 months, if you are experiencing delays in acquiring your home.

**22 Have you sold your home within the last 2 years?**

No

Yes  ▶ Do you intend to use part or all of the home sale proceeds to buy or build a new home?

No  Yes



Please attach documents providing details of the home sale (such as a solicitor's settlement letter)

**23 Do you own your own home but you and/or your partner live somewhere else?**

No  ▶ Go to question **28**

Yes

**24 Who has left your home?**

You

Your partner

You and your partner

**25 Have you and/or your partner left your home:**

Temporarily  ▶ When do you and/or your partner expect to return to your home?

Is the temporary absence because your home was lost or damaged?

No  Yes  ▶ You may be contacted by DVA to request further details

Permanently

**26 Is the home you left:**

Occupied rent free

Occupied by you or your partner

Occupied by carer of other family member(s) (e.g. dependent child)

Left vacant

Let ▶

How much rent do you receive?

What date was the property let?

What is the balance of the mortgage owing (if any)?

What is the interest payable on the mortgage?

%

Is the rental money being used to pay for accommodation charges for you and/or your partner in an aged care facility? No  Yes



Please attach mortgage contract or other document showing the balance of the mortgage, tax returns (if you have them) and a list of the expenses involved in letting the property (e.g. rates, agent's fees, taxes, repairs, insurance).

Other—please specify



**27** Have you and/or your partner moved in with someone to provide care or to be cared for?

No  ▶ Go to question **28**

Yes  ▶ Provide care  ▶ Name of the person cared for


Be cared for  ▶ Name of the care provider

Date you and/or your partner moved in to provide care/be cared for?

How long will you and/or your partner be staying?

Long term or permanently

Short term or for respite care  ▶ When do you and/or your partner expect to leave?

 Please attach evidence of the need for a substantial level of care (such as a doctor's certificate).

### Maintenance paid to a former partner

**28** Do you (and/or your partner) pay maintenance to a former partner?

Do NOT include maintenance paid for any children.


No

You pay

Partner pays

Yes  ▶ How much per fortnight




 Attach a certified copy of the deed or court agreement, or other document which shows it is legally enforceable.

### Real estate details

**29** If you own the home you live in (this includes paying it off), does it stand on a property larger than 2 hectares (5 acres)?

No


Yes  ▶

 Please complete and attach a **Farm / Hobby Farm** form (D526), then go to Question **30**.

**30** Please tick the box which describes the use of your property

PRIVATE AND DOMESTIC PURPOSES

 ▶

 If the property is on more than one title, please complete and attach a **Real Estate** form (D524) for each title other than the title of your principal home.

COMMERCIAL USE

 ▶

 Please complete and attach a **Farm/Hobby Farm** form (D526).


**31** Do you (and/or your partner) own or have an interest in any real estate in Australia or overseas?

Do NOT include:

- your home;
- real estate owned or held by a business, private company or private trust – you will be asked about these in a later question.

No


Yes  ▶

 Please complete and attach a **Real Estate** form (D524) for each property. In this form, you are asked to provide a number of other documents such as a certified copy of your last income tax return.

Compensation and damages

32 Have you (and/or your partner) received or are you receiving compensation in relation to service with the Australian Defence Force? No  Yes  ▶ Type of payment


This includes compensation under the *Safety, Rehabilitation and Compensation Act 1988 (SRCA)*, *Defence Act 1903* and the *Military Rehabilitation and Compensation Act 2004 (MRCA)*.

33 Have you (and/or your partner) received or are you receiving or able to claim any other compensation, insurance or damages as a result of injury, illness or accident? No  Yes  ▶  Please complete and attach a **Compensation** form (D541) for each injury, illness or accident.

This includes salary continuance, income protection payments and Dust Diseases Board payments. Claim may be for:

- accident at work;
- work related illness;
- motor vehicle accident; or
- public liability.

Private company/private trust/business


34 Are you or have you (and/or your partner) been involved in a private trust in the last 5 years? No  Yes  ▶  Please complete and attach the **Private Trust** form (D601). A separate form must be used for each trust. If you do not have this form or you require additional forms, contact DVA.

You may be, or have been a trustee, an appointor or a beneficiary.

You may have made a loan to a private trust, made a gift of cash, assets or property to a private trust in the last 5 years, relinquished control of a private trust, a private annuity, a life interest, or an interest in a deceased estate.


Have you or your partner ever contributed to a Special Disability Trust?

No  Yes  ▶  Please complete and attach the **Special Disability Trust** form (D9059). A separate form must be used for each trust. If you do not have this form or you require additional forms, contact DVA.

35 Are you or have you (and/or your partner) been involved in a private company in the last 5 years? No  Yes  ▶  Please complete and attach the **Private Company** form (D600). A separate form must be used for each company. If you do not have this form or you require additional forms, contact DVA.

You may be, or have been a director or a shareholder.

You may have made a loan to a private company, transferred shares in a private company, or made a gift of cash, assets or property to a private company.

36 Are you (and/or your partner) involved in any other type of business (this includes a farm)? No  Yes  ▶  Please complete and attach the **Details of Business** form (D525) or the **Farm / Hobby Farm** form (D526). A separate form must be used for each business. In these forms, you are asked to provide a number of other documents such as a certified copy of your last income tax return. If you do not have this form or you require additional forms, contact DVA.

As a:

- sole trader;
- partnership; or
- subcontractor.

**SECTION B****Attachment checklist**

You must attach documents as evidence of your answers to some of the questions. You must provide **certified copies** (see 'Who can certify copies of documents' in the booklet About Claiming Service Pension or About Claiming Income Support Supplement), or **original** documents can be sighted and verified by a DVA officer. If any of your documents are in a language other than English, you must also provide translations into **English** by an accredited translator. If you do not have a form that you need, contact your nearest DVA or VAN office. Use this checklist to make sure you have attached all the relevant documents.

- |          |           |                          |  |
|----------|-----------|--------------------------|--|
| Question | <b>1</b>  | <input type="checkbox"/> | For money held in a church or charity account, a statement or document   |
|          | <b>3</b>  | <input type="checkbox"/> | Latest statement or schedule detailing your share holdings   |
|          | <b>5</b>  | <input type="checkbox"/> | Loan documents   |
|          | <b>6</b>  | <input type="checkbox"/> | Managed investment certificates or similar documents   |
|          | <b>7</b>  | <input type="checkbox"/> | Latest statements for superannuation fund investments  |
|          | <b>8</b>  | <input type="checkbox"/> | Latest statement of benefits document from the paying authority  |
|          | <b>9</b>  | <input type="checkbox"/> | Latest 'income stream schedule' for each income stream product   |
|          | <b>10</b> | <input type="checkbox"/> | Tax returns and member statements for SMSF and SAF funds; latest 'income stream schedule' for each income stream product; and latest council rates notices for real estate held by those funds |
|          | <b>12</b> | <input type="checkbox"/> | Documents with details of investments  |
|          | <b>13</b> | <input type="checkbox"/> | Attach <b>Employment Report</b> form (D518)  |
|          | <b>14</b> | <input type="checkbox"/> | Attach Employment Separation Certificate or <b>Retirement Benefits</b> form (D531)   |
|          | <b>15</b> | <input type="checkbox"/> | Documents with details of overseas agency payments   |
|          | <b>17</b> | <input type="checkbox"/> | Documents with details of other payments   |
|          | <b>22</b> | <input type="checkbox"/> | Documents providing details of the home sale   |
|          | <b>26</b> | <input type="checkbox"/> | Mortgage contract, tax returns and list of letting expenses  |
|          | <b>27</b> | <input type="checkbox"/> | Evidence of the need for a substantial level of care   |
|          | <b>28</b> | <input type="checkbox"/> | Deed, court agreement or other document  |
|          | <b>29</b> | <input type="checkbox"/> | Attach <b>Farm /Hobby Farm</b> form (D526)   |
|          | <b>30</b> | <input type="checkbox"/> | Attach <b>Real Estate</b> form (D524) or <b>Farm/Hobby Farm</b> form (D526)  |
|          | <b>31</b> | <input type="checkbox"/> | Attach <b>Real Estate</b> form (D524)  |
|          | <b>33</b> | <input type="checkbox"/> | Attach <b>Compensation</b> form (D541)   |
|          | <b>34</b> | <input type="checkbox"/> | Attach <b>Private Trust</b> form (D601)  |
|          | <b>34</b> | <input type="checkbox"/> | Attach <b>Special Disability Trust</b> form (D9059)  |
|          | <b>35</b> | <input type="checkbox"/> | Attach <b>Private Company</b> form (D600)  |
|          | <b>36</b> | <input type="checkbox"/> | Attach <b>Business details</b> form (D525) or <b>Farm / Hobby Farm</b> form (D526)   |

Please complete SECTIONS C and D on the next page 

## SECTION C

## Contact for more details

Do you want us to contact you if we require more details about your answers on this Income and Assets form?

Yes

No  ► Who should we contact?

Your representative as specified on the claim form Part A

Another person  ► Please give their contact details

Their name	<input type="text"/>
Address (including State and Postcode)	<input type="text"/>
Phone number (office hours)	<input type="text"/>

## SECTION D

## Statement

Before you sign this statement, you should read the information about privacy in the booklet *About Claiming Service Pension* or *About Claiming Income Support Supplement*, in the section 'About the information you give'.

**This statement must be signed by you and your partner (if you have one)**

I declare that the information I have given is correct.

I understand that there are penalties for deliberately giving false or misleading information.

### YOUR SIGNATURE



Date

### PARTNER'S SIGNATURE



Date