



Australian Government

Department of Veterans' Affairs

Claim for Service Pension by a Partner, a former Partner or Widow or Widower

Part A - Eligibility

Claimant Veteran	Family name	Given name(s)	Date of birth	File number (if known)
	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Are dependent children included in this claim? No <input type="checkbox"/> Yes <input type="checkbox"/>				

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

This form asks about

- your **personal** details
- **veteran's** and **dependant's** details
- your **residence in Australia**
- your **living arrangements**
- your **bank account** and **tax** details

Completing this form

Please **tick** the appropriate boxes.
Please use **black** or **blue pen**.
If you are asked to provide copies of documents, you must provide **certified copies** (see 'Who can certify copies of documents' in the booklet *About Claiming Service Pension*), or **original** documents can be sighted and verified by a DVA officer.

Booklet

With this form you should have received the booklet **About Claiming Service Pension** which contains further information. if you don't have this booklet, contact your nearest DVA or VAN office.

Proof of identity

Information about proof of identity is in the booklet About Claiming Service Pension. You should contact DVA if you are still unsure about whether you need to provide documents.

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](#)

DO NOT complete this form if you:

- are a **war widow or war widower** (you may be eligible for an income support supplement);
- are **divorced** from the veteran on the basis of whose service you are making this claim;
- were formerly living in a marriage-like relationship with the veteran on the basis of whose service you are making this claim, and are separated from the veteran;
- **are the widow or widower** of a veteran on the basis of whose service you are making this claim, and have remarried or entered into a marriage-like relationship.

OFFICE USE - to be completed when forms are issued

Informal claim received	<input type="text"/> / <input type="text"/> / <input type="text"/>	Comments - Issuing Office <input type="text"/> <input type="text"/> <input type="text"/>
This claim needs to be returned by	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Claim issued by Officer	<input type="text"/>	

SECTION A

About your claim

1 If you are applying for service pension and you are pension age → The following questions must be answered because once you receive service pension, you will not be able to receive the Pension Bonus.

2 Are you a registered member of the Pension Bonus Scheme? No ▶ Go to the next question
Yes ▶ You **MUST** claim the Pension Bonus when you apply for service pension.

Give details of your registration:

Pension Bonus File Number

Where did you register? DVA Centrelink Both

When did you register? / /



Complete and attach the **Claim for Pension Bonus** form (D559).

Go to question **4**

3 Is (or was) your partner a registered member of the Pension Bonus Scheme? No ▶ Go to question **4** on the next page
Yes ▶ Give details of your partner's registration:

Pension Bonus File Number

Where did your partner register? DVA Centrelink Both

4 Your full name Title Mr Mrs Miss Ms Other
Family name
Given name(s)

5 Have you ever used or been known by other names? No
e.g. name at birth, maiden name, previous married name. Yes ▶ List the other names Type of name (e.g. maiden name)



Please provide certified copies of documentary evidence of your name change (e.g. deed poll, marriage certificate)

6 Sex Male Female

7 Date of birth / / ▶ Please attach a certified copy of your full birth certificate

SECTION B**Your details****8 Have you previously provided DVA with proof of your identity?**

A list of acceptable documents is in the information booklet *About Claiming Service Pension* in the section 'Proving your identity to DVA'

No 

Please attach at least 3 certified copies of documents that prove your identity.

Yes 

Please attach 1 certified copy of a document from Category B that proves your identity.

9 Home address

(the address where you live)

10 Postal address

(if same as home address, write 'AS ABOVE')

11 Your contact details

Home telephone number

Mobile telephone number

Fax number

Work telephone number

Alternative telephone number

12 Do you receive a DVA disability pension or war widow's or war widower's pension?No Yes Type of payment**13 Do you receive or are you claiming compensation under the Military Rehabilitation and Compensation Act 2004 (MRCA)?**No Yes Type of payment**14 Do you currently hold a Commonwealth Seniors Health Card (CSHC) from Centrelink?**No Yes What is the Customer Reference Number (CRN) on the card?

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15 Are you receiving (or applying for) a payment from Centrelink?

This includes for example, age pension, disability support pension, ABSTUDY and payment under the New Enterprise Incentive Scheme (NEIS).

No

Yes

▶ Type of payment

Amount you receive per fortnight

Customer Reference Number (CRN)

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Date of application/grant

 / /

Regional Office

16 Are you receiving Defence Force Income Support Allowance (DFISA)?

No

Yes

17 What is your CURRENT relationship status?

Married and currently living together

Date of marriage

 / /


Attach a certified copy of the marriage certificate.

In a de facto relationship and currently living together

Date commenced living together

 / /


If registered under state or territory law, attach a copy of registration certificate.

Have a partner, but unable to live together because of ill health or infirmity

Period unable to live together:

from

 / /

to

 / /

OR

indefinite

Widowed

Name of deceased partner

Date of partner's death

 / /


Go to question **27**

Married but separated

Date of separation

 / /


Complete and attach the **Separation from Partner** form (D513)

▶ Go to question **27**

SECTION C**Veteran details**

The questions on this page should be answered in respect of the veteran on the basis of whose service this claim is made.

18 Veteran's full name

Title Mr Mrs Miss Ms Other

Family name

Given name(s)

19 Has the veteran ever used or been known by other names?

No

Yes

▶ List the other names

Type of name

e.g. name at birth, maiden name, previous married name.

20 Veteran's sex

Male Female

21 Veteran's date of birth

/ /

22 If the veteran lives at a different address from you:

Veteran's home address, postal address and home phone number

Home address

Postal address

Home phone

Is the phone account in your (and/or the veteran's) name? No Yes

23 Is the veteran receiving service pension or disability pension from DVA?

No

Yes

▶ Type of payment

24 Is the veteran receiving or claiming compensation under the Military Rehabilitation and Compensation Act 2004 (MRCA)?

No

Yes

▶ Type of payment

25 Does the veteran currently hold a Commonwealth Seniors Health Card (CSHC) from Centrelink?

No

Yes

▶ What is the reference number on the card?

26 Is the veteran currently receiving Defence Force Income Support Allowance (DFISA)?

No

Yes

SECTION D**Dependent children****27 Do you have any dependent children under 16 years of age?**

This means that you are legally responsible for the day-to-day care, welfare and development of a child who is in your care or wholly or substantially in your care.

No ▶ Go to the next question

Yes ▶ Give details

1	Child's full name	<input type="text"/>
	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Is the child at school?	Yes <input type="checkbox"/> No <input type="checkbox"/> ▶ Gross fortnightly income <input type="text"/>
2	Child's full name	<input type="text"/>
	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Is the child at school?	Yes <input type="checkbox"/> No <input type="checkbox"/> ▶ Gross fortnightly income <input type="text"/>
3	Child's full name	<input type="text"/>
	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Is the child at school?	Yes <input type="checkbox"/> No <input type="checkbox"/> ▶ Gross fortnightly income <input type="text"/>



Please attach a certified copy of the birth certificate/extract for each child.

28 Do you have any dependent children aged 16-22 years of age who are in full-time education?

No ▶ Go to question **29**

Yes ▶ Give details

1	Child's full name	<input type="text"/>
	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Does the child receive any government payments?	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Type of payment <input type="text"/> Amount of payment <input type="text"/>
	Other gross fortnightly income	<input type="text"/>
2	Child's full name	<input type="text"/>
	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Does the child receive any government payments?	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Type of payment <input type="text"/> Amount of payment <input type="text"/>
	Other gross fortnightly income	<input type="text"/>
3	Child's full name	<input type="text"/>
	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Does the child receive any government payments?	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Type of payment <input type="text"/> Amount of payment <input type="text"/>
	Other gross fortnightly income	<input type="text"/>



Please attach a certified copy of the birth certificate/extract for each child.

SECTION E

Residence in Australia

29 Are you:

- An Australian citizen
- The holder of a permanent visa
- The holder of a special purpose visa
- The holder of a special category visa
- A refugee or a former refugee



If you are the holder of a permanent visa, special purpose visa or a special category visa, attach a copy of documents that show that you are legally allowed to remain in Australia – for example, passport showing your visa.

30 Are you living permanently in Australia?

- No
- Yes

31 Were you born in Australia?

No ► Country of birth

When did you first arrive in Australia?

How long have you lived in Australia?

- Yes ► Have you ever lived overseas? No ► Go to question **33**
- Yes ► Go to question **32**

32 Have you moved to or returned to live in Australia in the last 12 months?

- No
- Yes

33 Which of the following best describes where you live?

In a home you (and/or your partner) own

This includes paying it off (mortgage).

▶ Go to question **41**
on page 11

In a home you (and/or your partner) own jointly with another person or organisation

▶ Go to question **41**
on page 11

In a retirement village or independent living unit

▶ Go to question **34**
on the next page

In a residential aged care home (nursing home or hostel)

▶ Go to question **35**
on the next page

In a hospital or home for people with disabilities

▶ Go to question **36**
on the next page

In accommodation which you have the right to use free for life

Such as a granny flat.

▶ Go to question **37**
on the next page

In private rental accommodation, caravan park or moored craft

▶ Go to question **38**
on page 10

In public housing

Such as government subsidised, Housing Trust etc.

▶ Go to question **38**
on page 10

In a relocatable home

Such as a home situated in a village or caravan park where you are paying site fees

▶ Go to question **38**
on page 10

In a place where you pay private board and lodging

▶ Go to question **39**
on page 10

In free accommodation

Such as living with relatives

▶ Go to question **40**
on page 10

In a home owned by a private trust

▶ Go to question **41**
on page 11

In a home owned by a private company


▶ Go to question **41**
on page 11

Other—please describe

▶ Go to question **41**
on page 11


Retirement village or independent living unit

34 Give details about your accommodation in the retirement village

- ▶ On what date did you move into this accommodation?
- ▶ Did you pay an entry contribution? No Yes ▶ How much?
- ▶ How much do you pay on-going for your accommodation? Amount \$ per
Date you started paying
Does this include a component for meals? No Yes
- ▶  Please attach a certified copy of the entry agreement.
- ▶ Go to question **41**


Residential aged care home (nursing home or hostel) which provides nursing care

35 Give details about your accommodation in the nursing home or hostel

- ▶ What is the name of the nursing home or hostel?
- ▶ Did/do you pay an accommodation bond or charge? No Yes ▶  Please attach a certified copy of the Accommodation Bond or the Accommodation Charge Agreement. Ensure bond or charge amount is shown.
- ▶ How much do you pay on-going for your accommodation? Amount per
Date you started paying
- ▶ Go to question **41**

Hospital or home for people with disabilities

36 Give details about your accommodation in the hospital or home

- ▶ On what date did you move into this accommodation?
- ▶  Please attach a certified copy of the accommodation agreement or other relevant documentation.
- ▶ Go to question **41**

Life interest

37 Did you pay a sum of money or transfer any assets to another person or organisation in return for this accommodation for life?

- No ▶ Go to question **41**
- Yes ▶

Name and address of person or organisation	<input type="text"/> <input type="text"/> <input type="text"/>
Date paid/transferred	<input type="text" value="/ /"/>
Amount paid	<input type="text"/>
	OR
What assets were transferred	<input type="text"/> <input type="text"/>
Market value of assets transferred	<input type="text"/>
Go to question 41	

Private rent, public housing, caravan park, moored craft


38 Give details

Public housing renters are not eligible for rent assistance

- ▶ Type of payment: Public housing ▶ Go to question **41**
Private rent
Caravan park site fees
Relocatable home park site fees
Mooring fees

▶ How much do you pay? per

▶ Who do you pay it to? (name and contact details)


▶  Please attach a certified copy of your **latest lease or tenancy agreement**. If you don't have one, then attach a certified copy of the **latest rent receipt**. Make sure the name and address of the person to whom you pay rent is written on the receipt.

▶ Go to question **41**

Private board and lodging

39 Give details of your board and lodging

- ▶ Amount paid for meals per
- ▶ Amount paid for lodging per
- ▶ Who do you pay it to? (name and contact details)

▶  Please attach a copy of your **latest lease or tenancy agreement**. If you don't have one, then attach a certified copy of the **latest receipt**. Make sure the name and address of the person to whom you pay board and lodging is written on the receipt copy or on an attachment.

▶ Go to question **41**

Free accommodation

40 Give details of the provider of the free accommodation

- ▶ Name
- ▶ Relationship to you
- ▶ Address

▶ On what date did you move into this accommodation? / /

▶ Go to question **41**

Tax File Numbers

To help ensure that pensions are only paid to eligible persons, we compare our records with those of other government agencies. Your Tax File Number is used for this purpose.

All matching programs are monitored by the Privacy Commissioner who ensures that they are conducted in accordance with the *Data-matching Program (Assistance and Tax) Act 1990* and Guidelines.

Access to your Tax File Number is restricted. If you lose or forget your number, you will need to contact the Australian Taxation Office (ATO).

For more information about tax and your pension, contact your nearest ATO or DVA.

Once we have recorded your Tax File Number, this portion of the page will be removed and destroyed to ensure that your Tax File Number remains confidential.

41 What is your Tax File Number?

YOU

Fill in **ONE** of **A** or **B**

A My Tax File Number is

B I do not have or do not know my Tax File Number.
(DVA can help you get your Tax File Number from the Australian Taxation Office – you must complete a *Tax file number application or enquiry* form NAT 1432)

PARTNER

We need your partner's Tax File Number.

Fill in **ONE** of **A** or **B**

A My partner's Tax File Number is

B My partner does not have or does not know their Tax File Number.
(DVA can help them get their Tax File Number from the Australian Taxation Office – your partner must complete a *Tax file number application or enquiry* form NAT 1432)

Your Tax File Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Partner's Tax File Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLEASE DO NOT DETACH

YOU

42 Give details of the account you want your payment made to

(If you are already receiving DVA pension, do not complete this question.)

Payments must be made to a bank, building society or credit union account held in your name. A joint account is acceptable.

Name of bank, building society or credit union

Type of account (e.g. savings, cheque)

Branch where your account is held

Branch number (BSB)

Account number (this is not always the number printed on your card)

Account held in the name(s) of

SECTION I

Blind or visually impaired

43 Are you applying as a person who is blind or visually impaired (ie regarded as permanently blind in both eyes)?

No ▶ Go to question **46**

Yes ▶ The income and assets test does not apply to you and you do not have to complete **Part B – Income and Assets, except as follows:**



Attach a report from an ophthalmologist giving details of the degree of visual impairment.

If you are in an aged care facility – complete **Part B – Income and Assets** (this information is needed to assess aged care fees).

If you have a partner who is already receiving a service pension and who is NOT blind or visually impaired – complete **Part B – Income and Assets** (this information is needed to assess your partner's rate of pension).

If you are eligible, do you wish to receive Rent Assistance?

No Yes ▶ The income and assets test applies – complete **Part B – Income and Assets**.

44 Are you (or your partner) receiving or claiming compensation?

No

Yes ▶



Please complete and attach a **Compensation** form (**D541**) for each injury, illness or accident.

45 Are you (or your partner) receiving payments under the New Enterprise Incentive Scheme (NEIS)?

No

Yes ▶



Please attach a certified copy of a letter or other document which shows the reference number and details of the payment.

SECTION J

Representative

46 Do you want a representative to act on your behalf?

No ▶ Go to section **K** on the next page

Yes ▶ Give details

For this claim only ▶ If you want a representative to act on your behalf **for this claim only**, give their contact details

Their name

Address

Phone number (office hours)

For all future dealings with DVA ▶



If someone has Power of Attorney over your affairs, please attach a **certified copy of the relevant documentation**.
If a trustee is to be appointed, the **Application for appointment of trustee** form (**D2505**) must be completed and attached.
If you wish to appoint an agent, please complete and attach the **Application for appointment of agent** form (**D2693**).
If you do not have a form you require, contact DVA.

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 **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.

You may have already selected some of these documents for your proof of identity.

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 2	<input type="checkbox"/> If claiming Pension Bonus— the Claim for Pension Bonus form (D559)
5	<input type="checkbox"/> Documentary evidence of name change
7	<input type="checkbox"/> A copy of your full birth certificate
8	<input type="checkbox"/> Documentary evidence for proof of identity
17	<input type="checkbox"/> A copy of the marriage certificate
17	<input type="checkbox"/> If separated from partner – the Separated from Partner form (D513)
27	<input type="checkbox"/> A copy of the birth certificate/extract for each dependent child
28	<input type="checkbox"/> A copy of the birth certificate/extract for each dependent child
29	<input type="checkbox"/> If you are the holder of a permanent visa or a special purpose visa, a copy of documents that show that you are legally allowed to remain in Australia
34	<input type="checkbox"/> A copy of the entry agreement
35	<input type="checkbox"/> A copy of the Accommodation Bond or the Accommodation Charge Agreement
36	<input type="checkbox"/> A copy of the accommodation agreement or other relevant documentation
38	<input type="checkbox"/> A copy of your latest lease or tenancy agreement or the latest receipt
39	<input type="checkbox"/> A copy of your latest lease or tenancy agreement or the latest receipt
43	<input type="checkbox"/> An ophthalmologist report
44	<input type="checkbox"/> If receiving or claiming compensation, attach a Compensation form (D541) for each injury, illness or accident
45	<input type="checkbox"/> If receiving NEIS, a copy of a letter or other document showing details
46	<input type="checkbox"/> If you would like to specify a person to act on your behalf when dealing with DVA in the future – documentation appointing a Power of Attorney, the Application for appointment of trustee form (D2505) , or the Application for appointment of agent form (D2693)

SECTION L**Statement**

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

Statement

I declare that the information I have given is correct.
I understand that there are penalties for deliberately giving false or misleading information.
I authorise Australian Government Departments or agencies (including Centrelink and the Australian Tax Office) and other organisations to disclose to the Department of Veterans' Affairs any information required to process my claim for service pension.



Date

 SECTION M**What to do now**

You must complete and attach **Part B – Income and Assets** (D648).

If you and your partner choose to provide income and assets details **separately**, you will need **two copies** of **Part B – Income and Assets**.

If you need copies of **Part B – Income and Assets**, contact your nearest DVA or VAN office.

If you are applying as a person who is blind or visually impaired

Check Section I question **43** on page 13 to see if you need to complete **Part B – Income and Assets**.