



Australian Government

Department of Veterans' Affairs

Claim for Service Pension

Part A – Eligibility

Veteran

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

Partner

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
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Are dependent children included in this claim? No ☐ Yes ☐

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, your **partner** and **dependants**
- 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.

If you have a partner

On this form: the term 'you' refers to the Veteran; the term 'partner' refers to the current partner of the Veteran. You will need to give details of your partner, even if your partner is not applying for service pension.

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](#)

OFFICE USE — to be completed when forms are issued

Informal claim received

This claim needs to be returned by

Claim issued by Officer

Comments – Issuing Office

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

SECTION A

About your claim

1 Are you applying for age service pension?

No ☐ ► Go to question **2**

Yes ☐ ►

Please attach a certified copy of your full birth certificate

Go to question **3**

2 On what grounds are you applying for invalidity service pension?

TPI/SRDP ☐ (Only tick this box if you are entitled to disability pension at the TPI rate or Special Rate Disability Pension)

Blind ☐ ►

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

Neither ☐ ►

Attach completed **Invalidity Details** form (**D569**)

The next question must be answered because once you receive service pension, you cannot ever receive the Pension Bonus. For more information, contact your nearest DVA or VAN office.

3 Are you a registered member of the Pension Bonus Scheme?

No ☐ ► Go to question **4**

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**

SECTION B

Veteran details

4 Your full name

Title

Mr ☐

Mrs ☐

Miss ☐

Ms ☐

Other

Family name

Given name(s)

5 What are your service details?

Service number

Country of enlistment

Country of forces served in

6 Have you ever used or been known by other names?
e.g. name at birth, maiden name, previous married name.

No ☐

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, government issued marriage certificate)

7 Sex

Male ☐ Female ☐

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 Date of birth

/ /

10 Home address
(the address where you live)

POSTCODE

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

POSTCODE

12 Your contact details

Home telephone number ()

Mobile telephone number

Fax number ()

Work telephone number ()

Alternative telephone number ()

13 Do you receive a DVA disability pension? No ☐ Yes ☐

14 Do you receive or are you claiming compensation under the *Military Rehabilitation and Compensation Act 2004* (MRCA)? No ☐
Yes ☐ ▶ Type of payment

15 Do you currently hold a Commonwealth Seniors Health Card (CSHC) from Centrelink? No ☐
Yes ☐ ▶ What is the Customer Reference Number (CRN) on the card?

16 Are you receiving (or applying for) a payment from Centrelink? No ☐
Yes ☐ ▶ Type of payment
This includes for example, age pension, disability support pension, ABSTUDY and payment under the New Enterprise Incentive Scheme (NEIS).
Amount you receive per fortnight \$
Customer Reference Number (CRN)
Date of application/grant / /
Regional Office

17 Are you receiving Defence Force Income Support Allowance (DFISA)? No ☐
Yes ☐

18 What is your CURRENT marital status?

☐ **Single** ▶ Go to question **32**

☐ **Married and currently living together** Date of marriage / / Attach a certified copy of the marriage certificate.

☐ **Living in a marriage-like relationship** Date commenced living together / /

☐ **Have a partner, but unable to live together because of ill health or infirmity** Period unable to live together: from / / to / /
OR
indefinite ☐

☐ **Divorced** Date of divorce / / Go to question **32**

☐ **Widowed** Name of deceased partner
Date of partner's death / / Go to question **32**

☐ **Separated** Date of separation / /
Complete and attach a **Separation from Partner form (D513)**.

Go to question **32**

SECTION C

Partner details

19 Your partner's full name

Title

Mr ☐Mrs ☐Miss ☐Ms ☐Other

Family name

Given name(s)

20 Has your partner ever used or been known by other names?

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

No ☐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, government issued marriage certificate).

21 Partner's sex

Male ☐Female ☐

22 Partner's date of birth

/ /

23 Has your partner previously provided DVA with proof of their 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 partner's identity.

Yes ☐

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

24 If the partner lives at a different address to the veteran:

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

Home address

Postal address

Home phone

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

25 Is your partner receiving service pension, income support supplement or disability pension from DVA?

No ☐Yes ☐

▶ Type of payment

26 Is your partner receiving or claiming compensation under the *Military Rehabilitation and Compensation Act 2004* (MRCA)?No ☐Yes ☐

▶ Type of payment

27 Is your partner 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 received per fortnight

Customer Reference Number (CRN)

Date of application/grant

Regional Office

28 Does your partner currently hold a Commonwealth Seniors Health Card (CSHC) from Centrelink?

No ☐

Yes ☐

▶ What is the reference number on the card?

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29 Is your partner receiving Defence Force Income Support Allowance (DFISA)?

No ☐

Yes ☐

30 Does your partner wish to apply for partner service pension? (Refer to page 3 of the About Claiming Service Pension booklet for more information).

No ☐

Yes ☐

▶ You must continue to give details when this form asks about 'your partner'.

Please attach a certified copy of your partner's full birth certificate.

If you are unsure about whether your partner should be applying, contact DVA to discuss.

31 Is your partner a registered member of the Pension Bonus Scheme?

No ☐

Yes ☐

▶ Go to question **32**

▶ Your partner MUST claim the Pension Bonus when they apply for service pension.

Give details of your partner's registration:

Pension Bonus File Number

Where did your partner register?

DVA ☐

Centrelink ☐

Both ☐

When did your partner register?

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

Go to question **32**

SECTION D**Dependent children****32 Do you (and/or your partner) 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 question **33**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.

33 Do you (and/or your partner) have any dependent children aged 16-22 years of age who are in full-time education?No ☐ ► Go to question **34**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****VETERAN****34 Did you serve in the Australian Defence Force?**No ☐ ► Go to question **35**Yes ☐ ► Go to question **36****35 Did you serve in British, Commonwealth or allied forces?**No ☐Yes ☐ ►

Please attach a copy of documents that show you have had at least 10 years continuous residence in Australia. If you have broken periods of residence that add up to more than ten years and one of the broken periods was at least five years, you may satisfy the residence requirements. Please attach a copy of documents showing this.

36 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 ☐**PARTNER who is applying****Is your partner:**An Australian citizen ☐The holder of a permanent visa ☐The holder of a special purpose visa ☐The holder of a special category visa ☐

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

37 Are you living permanently in Australia?No ☐Yes ☐**38 Were you born in Australia?**Yes ☐ ► Go to question **39**No ☐ ► Country of birth

When did you first arrive in Australia?

 / /

How long have you lived in Australia?

 years monthsGo to question **40****Is your partner living permanently in Australia?**No ☐Yes ☐**Was your partner born in Australia?**Yes ☐ ► Go to question **39**No ☐ ► Country of birth

When did your partner first arrive in Australia?

 / /

How long has your partner lived in Australia?

 years monthsGo to question **40****39 Have you ever lived overseas?**Yes ☐ ► Go to question **40**No ☐ ► If applicable, go to the 'PARTNER who is applying' column. Otherwise, go to question **41****Has your partner ever lived overseas?**Yes ☐ ► Go to question **40**No ☐ ► Go to question **41****40 Have you moved to or returned to live in Australia in the last 12 months?**No ☐Yes ☐**Has your partner moved to or returned to live in Australia in the last 12 months?**No ☐Yes ☐

SECTION F**Living arrangements**

41 Do you have a partner who is applying and who lives at a different address because of age or ill health?

No ☐ ► Go to the next question

Yes ☐ ► Type of accommodation (from the list below)

If required, give details at the relevant question in this section.
(If they live in the same type of accommodation but a different address, you may need to give the details on an attachment.)

This question must be answered in ALL cases.

42 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 **50**
on page 12

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

☐ ► Go to question **50**
on page 12

In a retirement village or independent living unit

☐ ► Go to question **43**
on the next page

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

☐ ► Go to question **44**
on the next page

In a hospital or home for people with disabilities

☐ ► Go to question **45**
on the next page

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

Such as a granny flat.

☐ ► Go to question **46**
on the next page

In private rental accommodation, caravan park or moored craft

☐ ► Go to question **47**
on page 11

In public housing

Such as government subsidised, Housing Trust etc.

☐ ► Go to question **47**
on page 11

In a relocatable home

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

☐ ► Go to question **47**
on page 11

In a place where you pay private board and lodging

☐ ► Go to question **48**
on page 11

In free accommodation

Such as living with relatives

☐ ► Go to question **49**
on page 11

In a home owned by a private trust

☐ ► Go to question **50**
on page 12

In a home owned by a private company

☐ ► Go to question **50**
on page 12

Other—please describe

☐ ► Go to question **50**
on page 12

Retirement village or independent living unit

43 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 **50**

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


44 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 **50**

Hospital or home for people with disabilities

45 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 **50**

Life interest

46 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 **50**

Yes ☐ ▶

Name and address of person or organisation	<input type="text"/>
	<input type="text"/>
	POSTCODE
Date paid/transferred	<input type="text"/> / <input type="text"/> / <input type="text"/>
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 50	

Private rent, public housing, caravan park, moored craft**47 Give details**


Public housing renters are not eligible for rent assistance.

Type of payment:

Public housing ☐ ▶ Go to question **50**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 **50****Private board and lodging****48 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 **50****Free accommodation****49 Give details of the provider of the free accommodation**▶ Name ▶ Relationship to you ▶ Address

POSTCODE

▶ On what date did you move into this accommodation? / / ▶ Go to question **50**

SECTION G

Blind or visually impaired

Only answer this question if your partner is applying for partner service pension

50 Is your **PARTNER** applying for partner service pension as a person who is blind or visually impaired (ie regarded as permanently blind in both eyes)?

No ☐

Yes ☐ ►

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

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

No ☐ ► Go to question **54**

Yes ☐ ►

Attach a report from an ophthalmologist giving details of the degree of visual impairment if this was not asked for in question **4**.

The income and assets tests do not apply to you and you do not have to complete Part B – Income and Assets, except as follows:

- If you (or your partner who is applying) are in an **aged care facility**, complete *Part B – Income and Assets*. This is needed to assess your aged care fees.
- If you have a partner who is applying and is **NOT blind or visually impaired**, the income and assets tests apply – complete *Part B – Income and Assets*.
- If you are eligible for **Rent Assistance**, do you wish to receive it?

No ☐

Yes ☐ ► The income and assets tests apply – complete *Part B – Income and Assets*.

52 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.

53 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 H

Representative

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

No ☐ ► Go to question **55**

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

POSTCODE

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.

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.

55 What is your Tax File Number?

VETERAN

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, even if your partner is not applying.

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

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Partner's Tax File Number

--	--	--

PLEASE DO NOT DETACH

VETERAN

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

(If you are already receiving DVA disability 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

PARTNER who is applying

57 Give details of the account your partner wants their payment made to

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

To the same **joint** account the Veteran's payment is made to ☐

OR give details of a different account

Name of bank, building society or credit union

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

Branch where your partner's 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 K**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 **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 1	<input type="checkbox"/> A copy of your full birth certificate
2	<input type="checkbox"/> If applying on the basis of Invalidity (Blind), a report from an ophthalmologist giving details of the degree of visual impairment. If applying on the basis of Invalidity (Other), Invalidity Details form (D569)
3	<input type="checkbox"/> If claiming Pension Bonus— the Claim for Pension Bonus form (D559)
6	<input type="checkbox"/> Documentary evidence of name change
8	<input type="checkbox"/> Documentary evidence for proof of identity
18	<input type="checkbox"/> If you are married and currently living together a copy of the marriage certificate
18	<input type="checkbox"/> If you are separated the Separation from Partner form (D513)
20	<input type="checkbox"/> Documentary evidence of name change
23	<input type="checkbox"/> Documentary evidence for proof of identity for partner
30	<input type="checkbox"/> If your partner is also applying, a copy of your partner's birth certificate
31	<input type="checkbox"/> If your partner is claiming payment of the Pension Bonus the Claim for Pension Bonus form (D559)
32	<input type="checkbox"/> A copy of the birth certificate/extract for each dependent child
33	<input type="checkbox"/> A copy of the birth certificate/extract for each dependent child
35	<input type="checkbox"/> If you are a British, Commonwealth or allied Veteran, a copy of documents that show you have had at least 10 years residence in Australia
36	<input type="checkbox"/> If you are the holder of a permanent visa, special purpose visa or special category visa, a copy of documents that show that you are legally allowed to remain in Australia
43	<input type="checkbox"/> A copy of the entry agreement
44	<input type="checkbox"/> A copy of the Accommodation Bond/Charge Agreement
45	<input type="checkbox"/> A copy of the accommodation agreement or other relevant documentation

Question 47	<input type="checkbox"/> A copy of your latest lease or tenancy agreement or the latest receipt
48	<input type="checkbox"/> A copy of your latest lease or tenancy agreement or the latest receipt
50	<input type="checkbox"/> If your partner is applying and is blind or visually impaired, a report from an ophthalmologist giving details of the degree of visual impairment
51	<input type="checkbox"/> Attach a report from an ophthalmologist giving details of the degree of visual impairment if this was not asked for in Question 4.
52	<input type="checkbox"/> If receiving or claiming compensation, attach a Compensation form (D541) for each injury, illness or accident
53	<input type="checkbox"/> If receiving NEIS, a copy of a letter or other document showing details
54	<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

This statement must be signed by you and your partner (if you have a partner who is applying).

If your partner is applying, question **30** must be ticked "Yes".

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.

VETERAN'S SIGNATURE



Date

/ /

PARTNER'S SIGNATURE – if partner is applying



Date

/ /

SECTION M

What to do now

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

If you and your partner are **both** applying, you need only complete **one** *Part B – Income and Assets*.

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 question **51** on page 12 to see if you need to complete **Part B – Income and Assets**.