

MSBS Retention Benefit Election

[PACMAN Chapter 3, Part 5, Division 1](#) refers

Part A

Instructions

1. Member to complete Parts A, B, C and D.
2. Medical Officer to complete Section 1 of Part D.
3. Recommending authority to complete Section 2 of Part D.
4. Whole document to be submitted to unit orderly room or shopfront office for checking and onforwarding to MSBS Retention Benefit Section.

Member's details *(Member to complete)*

Service		Employee ID		Service number	
Rank	Family name		Initials	Unit and/or section	
Unit address					
Date of birth		Date of enlistment		Date of entry to MSBS scheme	

Section 1 - Payment election

This payment election requires the applicant to elect in advance the preferred method of payment of the Military Superannuation Benefits Scheme Retention Benefit *(Retention Benefit)*. This payment election must be read and completed in conjunction with and subject to the policy expressed in [PACMAN Chapter 3, Part 5, Division 1](#). There are three options for payment of the Retention benefit. All members are strongly advised to seek professional financial advice when making this decision. ADF Officers are not qualified to provide this advice. Only one of the below options is to be selected.

Payment options

- Option one Cash in full, to be taxed at the appropriate tax rate; or
- Option two As an employer contribution to superannuation in full, taxed accordingly; or
- Option three In part as an employer contribution to a superannuation fund to value of \$ _____, with the balance paid as cash, taxed at the appropriate tax rate.

Section 2 - Superannuation fund details

This section is only to be completed by the member if either option two or option three has been selected. It is the member's responsibility to supply the superannuation fund details. **Note:** The superannuation fund chosen must be an approved fund that is regulated and complying for superannuation purposes. The existing Commonwealth DFRDB superannuation fund **cannot** be nominated for this purpose.

Superannuation fund name		Superannuation fund number	
Superannuation fund postal address		Member's account number	

Section 3 - Member's declaration

I declare that the information contained in this form is true in all respect and reflects my preference for payments of the MSBS Retention benefit should I become eligible to receive it.

Member's signature	Date
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Part B - Military superannuation and benefit scheme undertaking for further service for retention purposes
 'Period of prospective service' is the period for which the [MSBS Act](#) binds a member who receives a Retention Benefit to serve.

I,	Family name	Given name (s)	
	Service number	Employee ID	

Under subsection 33(3) of the [Military Superannuation and Benefits Act 1991 \(MSBS ACT\)](#), undertake that I will serve in the Permanent Forces as an eligible member until:

I acknowledge that if, after the commencement of the period of prospective service applicable to me, I become subject to a return of service obligation, I will continue to serve in the Permanent Forces as an eligible member for the period by which the return of service obligation extends the end of the period of prospective service.

I acknowledge that the provisions for the Retention Benefit, as detailed in the [MSBS Act Part 8](#), have been explained and are understood.

I further acknowledge that, in accordance with the [MSBS Act](#), I am liable in circumstances set out in that Act to repay to the Commonwealth the pre-tax amount of the Retention Benefit paid to me for the period of service that I have not served within the period of prospective service commencing on:

Member

Signature	Date
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Witness

Signature	Printed name	Date
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Part C - Military Superannuation and Benefit Scheme Provisions of the Retention Benefit

- The legislation for the repayment of the Retention benefit is contained in Part 8 of the [Military Superannuation and Benefits Act 1991](#). Detailed below is a plain english explanation of the provisions of the Retention Benefit.

Eligibility for the Retention benefit

- An eligible member is one who has completed 15 years service, has continuous eligible service and has reached the prescribed rank of MAJ (E) or SGT (E) or has been commissioned from the ranks, or a person declared, in writing, by the Minister to be an eligible member.
- An eligible member must be classified medically as being fit to serve.
- An eligible member must undertake to serve in an arm of the ADF for a prescribed period.

Amount of benefit

- The amount payable to an eligible member is equal to one years salary (*Military salary and service allowance*).

Obligation to render services

- In accepting the Retention Benefit, an eligible member must undertake to serve for a prescribed period.
- An eligible member in receipt of the Retention Benefit who is already serving a Return of Service Obligation (ROSO) will not commence the Undertaking For Further Service (UFFS) for the Retention Benefit until the ROSO has expired.
- An eligible member in receipt of the Retention Benefit and serving the UFFS who then undertakes a ROSO will have the UFFS suspended until the ROSO period is served out and, on cessation of the ROSO, recommence the UFFS.

Repayment of Retention Benefit

- An eligible member in receipt of the Retention Benefit who resigns or elects discharge or has their service terminated for a prescribed reason prior to completing the UFFS is liable to repay to the Commonwealth the pre-tax amount of the Retention Benefit for the period that the member has not served of the UFFS.

Statement by member

- I have read the above provisions and I have had the provisions and consequences of accepting the Retention Benefit explained to me. I acknowledge that the provisions as explained are understood.

Signature	Date
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Part D - Military Superannuation and Benefit Scheme Recommendations of the Retention Benefit

Service		Employee ID	Service number
Rank	Family name		Initials

Section 1 - Medical standard *(Medical Officer to complete)*

Does the above member meet the medical standard required?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No ➔	Recommended medical review <i>(In months)</i>
Signature		Printed name
Rank	Appointment <i>(Must be a Medical Officer)</i>	Date

Section 2 - Recommending authority *(Unit to complete, signed by CAPT (E) or above)*

The superannuation fund nominated by the member in Part A of this form has been verified as being a complying regulated fund for the receipt of employer superannuation contributions.

The above member is recommended for payment of the MSBS Retention Benefit.

<input type="checkbox"/> Yes	<input type="checkbox"/> No ➔	Please give the reason for not recommending
Signature		Printed name
Rank	Appointment	Date

Section 3 - Approving authority *(MSBS Retention Benefit delegate to complete.)*

Specified category		Date declared
Benefit computation day		Period of prospective service
Is the above member approved for payment of the MSBS Retention Benefit?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No ➔	Please give the reason for not approving
Signature		Printed name
Rank	Appointment	Date