

## **Annex 3.5.ZD: ADF gap year – educational bonus**

This application is in four parts.

Part A – provides information about the scheme, and is for you to keep.

Part B – is your application to join the scheme.

Part C – provides your election of how the payments are to be made.

Part D – provides additional payment information if you choose to pay the money into a superannuation fund.

### **Part A: Application information**

I am applying for the ADF gap year – education bonus. This is authorised under Chapter 3 Part 5 Division 6 of Defence Determination 2005/15, Conditions of Service, made under section 58B of the *Defence Act 1903* ('the Determination').

I understand that my application for this scheme is subject to the following terms and conditions.

1. I must meet the conditions for eligibility to join the scheme under the Determination.
2. I will be paid a \$10,000 bonus payment on re-enlistment or re-appointment to the ADF.
3. I may elect to pay the scheme payments into a superannuation fund using the form provided at Parts C and D.
4. I am advised to seek professional financial advice about the payment of the bonus. ADF members are not qualified to provide this advice.

Full details of the ADF gap year – education bonus are contained in Chapter 3 Part 5 Division 6 of Defence Determination 2005/15, Conditions of Service.

This application, and the related parts of Defence Determination 2005/15, are the whole agreement between us this bonus. It overrides any other prior understanding or agreement about the scheme. This would include, for instance, things I may have been told about the bonus or things I may have read elsewhere.





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**Part D: Superannuation fund nomination**

*This section must be completed if either option two or three has been selected for one of the items in Part C. It is the member's responsibility to supply superannuation fund details.*

I nominate this Eligible Choice Fund for my bonus payment.

Fund name .....

Fund number .....

Fund address .....

Member's account number.....

Dated this                      day of                      20

\_\_\_\_\_  
Signed

Name (printed) \_\_\_\_\_

Work address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Date \_\_\_\_\_