

Annex 4.3.C: Navy capability allowance

Part A: Application

I,.....
 (Rank) (Last name) (Given name)
 ,
 (Service number) (Employee ID)

apply for the Navy Capability Allowance.

I acknowledge that the Chief of Navy has determined an 18 month return of service obligation for members whose application for this allowance is accepted. This means that I must perform 18 months of service after the day I become entitled to payment of the allowance.

I have read Defence Force Remuneration Tribunal Determination No. 9 of 2008, Navy Capability Allowance.

I acknowledge that I am required to submit a Form PE 012 to cover my agreed period of service should my enlistment period be insufficient to cover the 18 month return of service obligation.

I acknowledge that if I am within 18 months of my compulsory retirement age I must have applied to extend my period of service in order to apply for the allowance.

Dated this day of 20

 Signed

 Printed name

 Work address

Occupation

Work phone

Email

Mobile phone

Witness

*The form must be
 witnessed by an officer or
 Warrant Officer.*

 Signed

 Printed name and rank

I approve this application under Defence Force Remuneration Tribunal Determination No. 9 of 2008, Navy Capability Allowance.

 Approved
 DSCM for CN

Allowance payment – third instalment

I choose this payment method for the third instalment of the allowance payment:

- Option one:** [] Paid into my normal pay account. The amounts will be taxed at the applicable tax rate at the time of payment.
- Option two:** [] The full amount paid as an employer contribution to superannuation. I have nominated a superannuation fund in Part C of this form.
- Option three:** []
1. _____% of the bonus payment as an employer contribution to superannuation. I have nominated a superannuation fund in Part C of this form.
 2. The balance of the amount paid into my normal pay account. These will be taxed at the applicable tax rate.

*Tick one box. Only select **one** of the options.*

Part C: Superannuation fund nomination

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

I nominate this Eligible Choice Fund for payment of the first instalment of the allowance.

Fund name

Fund number

Fund address

Member's account number.....

Dated this day of 20

Signed
Name (printed) _____
Work address _____
Occupation _____
Date _____

I nominate this Eligible Choice Fund for payment of the second instalment of the allowance.

Fund name

Fund address

Account number.....

Dated this day of 20

Signed
Name (printed) _____
Work address _____
Category _____
Date _____

I nominate this Eligible Choice Fund for payment of the third instalment of the allowance.

Fund name

Fund address

Account number.....

Dated this day of 20

Signed

Name (printed)

Work address

Category

Date

Send the completed forms to:

| For AT, ET, MT, and all SM categories | For all other categories |
|---|--|
| <p>Mail: Navy Capability Allowance DSCM FBW Building 15A HMAS STIRLING ROCKINGHAM WA 6958</p> <p>Fax: 08 9553 4037 08 9553 2389 08 9553 2777</p> <p>Phone: 08 9553 5186</p> | <p>Mail: Navy Capability Allowance DSCM Admin Cell R8-5-Admin Cell Russell Offices CANBERRA ACT 2600</p> <p>Fax: 02 6265 6233 02 6265 3353 02 6265 1520</p> <p>Phone: 02 6265 3122</p> |