

Application in relation to a deceased investor



Super SA



Income Stream

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed **ORIGINAL** to Super SA.

2. Details of Claimant (Continued)

Part A Details of spouse (if applicable)

A deceased investor's entitlement can be divided between a lawful spouse and a putative spouse¹. A surviving spouse/putative spouse must provide any known information.

Surname

Given name

Previous family name (widows only)

Contact address

Suburb

State

Postcode

Phone

Date of birth

Sex

 Female Male

Relationship with deceased

 Married Separated Divorced Putative (including same sex partner)

Option 1

Continue the Income Stream (only available to reversionary beneficiaries)

I choose to receive regular income payments from the Super SA Income Stream.

*This option is **only** available to a spouse/putative spouse named by the deceased investor as their reversionary beneficiary.*

Please provide your bank account details on page 3. If you are under age 60 also complete a **Tax File Number Declaration**.

Please provide your required income amount and payment frequency.

Note: you can change the frequency of your regular income payments at any time by logging into the online member portal or completing a Super SA Income Stream Change of Personal and/or Payment Details form.

Required income amount

Minimum pension

Nominated gross annual amount \$
(The amount must be above the minimum limit)

No change to current payment

Frequency

Fortnightly

Monthly

Quarterly

Half Yearly

Annually

Option 2

Withdraw balance

I choose to **withdraw** the remaining balance of the Super SA Income Stream. Please provide your bank account details on page 3.

Option 3

Rollover to an income stream

I choose to **roll over** the remaining balance into another Income Stream (choose only one option):

A new Super SA Income Stream. Please also complete an Application to purchase form which is available in the Super SA Income Stream Product Disclosure Statement.

Another complying income stream. This cannot be an accumulation super product. Please complete the additional information:

Name of rollover fund

New policy/member number

New rollover fund ABN number

New Rollover Fund Unique Superannuation Identifier (USI)

Note: If we are unable to verify that the rollover super fund is a complying fund, we will require you to provide a letter of compliance from the fund.

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2. Details of Claimant (Continued)

Electronic transfer of funds

Complete this section if you wish to have all or part of your entitlement paid directly to you via electronic funds transfer.

Name of financial institution

Branch

Account name (account holder name)

BSB number (compulsory)

Account number

When completing your account details, please use numbers only. Characters and symbols will not be recognised. For more information, contact your financial institution.

Important: If you wish to nominate a bank account for your benefit to be paid to, we require you to provide a bank statement (eg printed statement or online statement from a bank or credit union) for the account. These statements need to be current (ie less than 12 months old) and must show your BSB, account number and your full name on the account.

Please note: Payments cannot be made to third party accounts, credit cards or overseas accounts. Super SA does not accept responsibility for rejection of transfer due to incorrect account details being provided by you

Part B Details of executor/administrator of the Estate

Surname

Given name

Contact address

Suburb

State

Postcode

Phone

3. Membership of other super schemes

At the date of death, was the deceased member also a member of:

Triple S Yes No Flexible Rollover Product Yes No Lump Sum Scheme Yes No

Pension Scheme Yes No Another SA public sector employment-related super scheme to which the deceased member and their employer contributed? Yes No

If yes, please state name of scheme

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4. Other evidence

Must be provided before payment can be made

- Certified copies² of
 - Death certificate
 - Legal marriage certificate, issued under the *Births, Deaths and Marriages Act 1996* (if applicable)
 - Registered relationship certificate (if applicable), demonstrating that the relationship was registered in accordance with the *Relationships Register Act 2016* as at the date of the member's death. The certificate must be issued at or after the member's date of death.
- Statutory declarations supporting putative spouse status (if applicable).
Note: this is not required for those who have evidence of a Registered Relationship as listed above.
 - Statutory declaration by applicant
 - Statutory declaration by independent person
- Proof of identity documents
- Certified copy² of the Will
- Grant of probate OR Letters of administration (whichever if applicable).

5. Declaration

Full name of person making the declaration

I,

Address of person making the declaration

of

Suburb

State

Postcode

do solemnly and sincerely declare that to the best of my knowledge and information, the statements on this application are true and complete. I undertake that if a payment is made to me pursuant to this application and the Treasurer is subsequently required by law to recover the money so paid or any part thereof, I will repay such money or part thereof to the Treasurer. I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936 (SA)*.

Location

Declared at

in the State/Territory of

Day

Month

Year

this

day of

2

0

Date

/ /

Signature of declarant:

Date

/ /

Signature of witness:

Name of witness

Address of witness

Suburb

State

Postcode

Title or qualification of witness³

² Certified copies are copies authorised, or stamped as being true copies of the originals, by a person or agency recognised by the law of the state in which they are certified. These include: a Justice of the Peace, Commissioner for taking Affidavits, a Notary Public, a Proclaimed Police Officer. Documents must be certified within the last six months.

³ A witness must be one of the following: a Justice of the Peace, Commissioner for taking Affidavits, a Notary Public, or a Proclaimed Police Officer.

Return form



In person (by appointment only)
Member Centre,
151 Pirie Street, Adelaide SA 5000
(Enter from Pulteney Street)



Post: GPO Box 48
Adelaide SA 5001

Contact us



Post: GPO Box 48
Adelaide SA 5001



Email: supersa@sa.gov.au



Call: 1300 369 315



Web: supersa.sa.gov.au

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