

# APPLICATION FOR SPOUSE/PUTATIVE SPOUSE AND CHILDREN'S ENTITLEMENTS



Please complete all the details on this form in **BLOCK LETTERS** and return the signed original and other document(s) to Super SA.

## 1. Deceased Member Details

**Super ID**

Mr
  Ms
  Miss
  Mrs
  Dr
  Prof

Surname \_\_\_\_\_

Given name(s) \_\_\_\_\_

Postal address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_ Date of birth    /    /

**Contact us**

**Address**

Ground floor,  
151 Pirie Street  
Adelaide SA 5000  
(Enter from Pulteney Street)

**Postal**

GPO Box 48, Adelaide, SA 5001

**Call**

(08) 8207 2094  
1300 369 315

**Email**

supersa@sa.gov.au

**Website**

www.supersa.sa.gov.au

<sup>1</sup> For a partner to be recognised as a putative spouse of a member, they need to satisfy the requirements under the *Superannuation Act 1988* (conditions apply).

In general terms, the person must have been living as husband and wife de facto (or with the distinguishing characteristics of a married couple in the case of same sex couples) with the member at the date of death of the member and have either:

- lived continuously with them for a period of three years immediately before the date of death or
- lived with them for an aggregate period of three out of four years immediately before the date of death, or
- had a child born of the relationship of whom both are the parents.

A person will also be recognised as a putative spouse of the member if in a Registered Relationship with the member as at the date of death (within the meaning of the *Relationships Register Act 2016*).

## 2. Details of Claimant

I, \_\_\_\_\_

hereby apply for a fortnightly income under the provision of the *Superannuation Act 1988*. The *Superannuation Act 1988* provides that a deceased member's entitlement must be paid to the member's spouse/putative spouse<sup>1</sup> if a spouse/putative spouse survives the deceased member.

**A) Details of spouse (if applicable)**

Under Section 46 of the *Superannuation Act 1988*, a spouse's entitlement can be divided between a lawful spouse and a putative spouse. A surviving spouse/putative spouse must provide any known information relevant to this section of the Act.

Relationship with deceased

Married
  Separated
  Divorced
  Putative (includes same sex partner)

Surname \_\_\_\_\_

Given name(s) \_\_\_\_\_

Previous family name (widows only) \_\_\_\_\_

Contact address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Date of birth<sup>2</sup> \_\_\_\_\_

Place of birth \_\_\_\_\_

Maiden name (if applicable) \_\_\_\_\_

Date of marriage<sup>2</sup> \_\_\_\_\_

Place of marriage \_\_\_\_\_

Date of spouse's death<sup>2</sup> \_\_\_\_\_

Place of death \_\_\_\_\_

<sup>2</sup> Please see over page for evidentiary documents required

Are you receiving weekly/fortnightly workers' compensation payments in relation to your spouses's death?  Yes  No

# Form > Super SA > Superannuants

## APPLICATION FOR SPOUSE/PUTATIVE SPOUSE AND CHILDREN'S ENTITLEMENTS

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contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** and return the signed original and other document(s) to Super SA.

### 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.

### B) Payment details

Name of financial institution \_\_\_\_\_

Branch \_\_\_\_\_

Account name (account holder name) \_\_\_\_\_

BSB number (compulsory)    -

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

Account number

### C) Details of eligible children/students (if applicable)

In relation to a deceased member, an eligible child/student is:

- a.
  - (i) a child of the member, or
  - (ii) a child in relation to whom the member had assumed parental responsibilities and who was cared for and maintained, wholly or in part, by the member up to the date of the member's death, and
- b.
  - (i) under the age of 16 years, or
  - (ii) between the ages of 16 and 25 years and in full-time attendance at an educational institution recognised by the Board for the purposes of this definition.

Please provide a certified copy<sup>3</sup> of the birth certificates of any children under the age of 16 years.

Surname	Given name	Date of birth

Students between the ages of 16 and 25 years who may be eligible for a student pension must complete a student application form and provide bank and tax details, together with a certified copy\*\* of their birth certificate. Please contact Super SA for further information.

### D) Other evidence

Must be provided before payment can be made:

- Certified copies<sup>3</sup> of the following documentation
  - Spouse's death certificate
  - Legal marriage certificate, issued under the *Births, Deaths and Marriages Act 1996* (if applicable)
  - Registered relationship certificate, 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 (if applicable).
  - Birth certificate of spouse applying for entitlement
- Statutory declaration(s) 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

<sup>3</sup> 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 or a Proclaimed Police Officer. Documents must be certified within the last six months.

# Form > Super SA > Superannuants APPLICATION FOR SPOUSE/PUTATIVE SPOUSE AND CHILDREN'S ENTITLEMENTS

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Please complete all the details on this form in **BLOCK LETTERS** and return the signed original and other document(s) to Super SA.

## 3. Statutory Declaration

I, \_\_\_\_\_  
(Full name of person making the declaration)

of \_\_\_\_\_  
(Address of person making the declaration) 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)*.

Declared at \_\_\_\_\_ in the State/Territory of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature \_\_\_\_\_  
(Signature of declarant)

before me<sup>^</sup> \_\_\_\_\_  
(Signature of witness)

Name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_  
Postcode \_\_\_\_\_

Title or qualification of witness<sup>^</sup> \_\_\_\_\_

<sup>^</sup>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.

If a Power of Attorney is applicable to you, please forward a certified copy of this document. 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 or a Proclaimed Police Officer.

Office Use Only			
Base	\$	Pension of \$	per fortnight as from
Supplement	\$		
Total	\$	\$	per fortnight for each child
Calculated by		Checked by:	Dated
Spouse balance		Group Leader/ Snr Acct. Services Officer	
paid	\$	Date from	Date to

Office Use Only	
Former contributor's pension	
Base	\$
Supplement	\$
Total	\$
Amount Commuted \$	
Notional Pension	\$





# Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

## Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr  Mrs  Miss  Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory

Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

5 What is your primary e-mail address?

6 What is your date of birth?

Day   / Month   / Year

7 On what basis are you paid? (select only one)

Full-time employment  Part-time employment  Labour hire  Superannuation or annuity income stream  Casual employment

8 Are you: (select only one)

An Australian resident for tax purposes  A foreign resident for tax purposes  OR A working holiday maker

9 Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes  No  Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes  No  Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature

Date Day   / Month   / Year

You MUST SIGN here

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

## Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes  No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer

Date Day   / Month   / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:

Australian Taxation Office  
PO Box 9004  
PENRITH NSW 2740

IMPORTANT

See next page for:  
■ payer obligations  
■ lodging online.



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