## Putative Spouse Statutory Declaration





Super SA

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

To find out more visit supersa.sa.gov.au or call 1300 369 315

	uper l a Super SA		

1. Personal details		
Title		Date of birth  D
Given Name(s)		
Family Name		
Email address		
Mobile phone	Work phone	Home phone
Postal address		
Suburb		State Postcode

**Note:** You do not need to complete this Statutory Declaration if you and the member were in a Registered Relationship as at the date of the member's death (within the meaning of the *Relationships Register Act 2016*).

You must instead provide a certified copy of the 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 death.

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2. Statutory declaration  I, (Full name of person making the declaration)				
of (Address of person making the declaration)				Postcode
do solemnly and sincerely declare that at the date of death of	(Name of de	eceased)		
who was a member of				
Triple S Lump Sum Scheme Pension Sch	eme S	Super SA Select	Income Stream	Flexible Rollover Product
I was living with the deceased as their putative spouse^.  I make this solemn declaration conscientiously believing the s	ame to be tr	rue and by virtue of	the provisions of the C	Oaths Act 1936 (SA).
Declared at		in th	ne State/Territory of	
on this	day of			20
Signature (Signature of Declarant)		before me*(Signa	ature of Witness)	
×		×		
This declaration was signed/initialled by electronic means	s. (Tick if dec	laration was signed	d electronically)	
This declaration was taken remotely under the observation under the Oaths Act 1936 for taking declarations by audio (Tick if the declaration was witnessed remotely online)				ink and the requirements
Name of witness				
Address of witness				Postcode
Title or qualification of witness				

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<sup>\*</sup>A witness can be one of the following: a Justice of the Peace, Commissioner for taking Affidavits, a Notary Public and a Police Officer. Please refer to the Attorney General's website for the full list of authorised witnesses which can be accessed at the AGD Website (South Australia) > Services & Support > Justices of the Peace and authorised witnesses > Authorised witnesses.

<sup>^</sup>A person is the putative spouse of a member if the person and the member had been cohabiting as defacto spouses and:

<sup>-</sup> had been cohabiting continuously for the preceding three years, or for a total of not less than three out of the four preceding years, or

<sup>-</sup> a child of whom both persons are the parents has been born.

A person is also recognised as a putative spouse of the member if in a Registered Relationship with the member (within the meaning of the Relationships Register Act 2016).

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2. Statutory declaration	(continued)	
Only complete the following section if the decla modification to the process of making the decla their agreement.	rant received any assistance in making the declaratic ration. For example, state here that the statement wa	on, or the authorised witness permitted any as read to the declarant and/or they nodded
I certify that the following modifications were m	nade to the witnessing process:	
Cianakana afanakania darika		
Signature of authorised witness		
×		
Name and address of any other person who assi to prepare/write the declaration on the instruction	sted the declarant to make the declaration (not incluions of the declarant).	iding assistance in a professional capacity
Nature of assistance the other person provided,	e.g. translation assistance.	
7 Deletienskip deteile		
<b>3. Relationship details</b> In support of the above declaration please provi	de the following information:	
·	of any child/children of whom the deceased and you	urself were the natural parents.
Surname	Given name(s)	Date of birth
	ed living with the deceased as their putative spouse guishing characteristics of a married relationship?	D D / M M / Y Y Y
3. Were you residing with the deceased while yo	u were their putative spouse?	Yes No (go to question 6)
4. Were there any periods of time when you were the deceased's putative spouse?	e not residing with the deceased while you were	Yes No
5. If YES, please provide details of when you sepa Please provide information for the four years	arated and recommenced living together. prior to the date of death:	
Ceased	Recommenced	
D D / M M / Y Y Y	D D / M M / Y Y Y	
Ceased  D D / M M / Y Y Y Y	Recommenced  D  D  M  M  M  M  M  M  M  M  M  M  M	
Ceased	Recommenced	
D D / M M / Y Y Y	D D / M M / Y Y Y	

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3. Relationship details (continued) 6. If you did not reside with the deceased while you were their putative spouse, please provide details of your living arrangements:
7. Please provide details of any real estate or other major assets owned jointly by you and the deceased (including supporting documentation):
8. Please provide details of any joint liabilities that you shared with the deceased (including supporting documentation):
9. Please provide details of pooling of resources between you and the deceased (e.g. joint bank accounts or similar accounts, including supporting documentation):
10. What were the arrangements between you and the deceased for payment of household expenses, i.e. who paid what proportion? (Please supply supporting documentation if possible):
11. Please provide any further information that demonstrates that you and the deceased were living together in a defacto relationship that had the distinguishing characteristics of a married relationship:
12. Please provide details of any care and support of children, including those for whom you are not the natural parent.
13. Please provide details relating to the performance of household duties.

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#### **Putative Spouse Statutory Declaration**





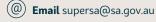
Super SA

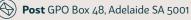
Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

3. Relationship details (continued)
14. Have you ever claimed any form of pension or benefit from the Commonwealth Government?  Yes  No  If YES, please provide details of the type of benefit claimed:
15. Did you have any joint health insurance cover with the deceased? If YES, please provide details:  Yes  No
16. What was your marital status as disclosed on income tax returns lodged with the Australian Taxation Office? (Please supply supporting documentation):

If there is insufficient space provided for your answers please attach more pages to this declaration.

#### Contact us







( Website supersa.sa.gov.au



Phone 1300 369 315



Member Centre, Kaurna Country Ground floor, 151 Pirie St Adelaide SA 5000 (Enter from Pulteney Street).