

APPLICATION FOR PAYMENT IN RELATION TO A DECEASED MEMBER

>1



SUPER SA
contributing to your future

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

1. Deceased Member Details

Account ID

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Please complete either Part A or Part B of section 2.

Part B is to be completed by the executor/administrator of the Estate (legal personal representative) and copies of documentary evidence supporting their appointment as executor/administrator need to be provided.

Thereafter, complete all the details on this form and return the signed original to Super SA.

2. Details of Claimant

The *Southern State Superannuation Act 2009* provides that a deceased member's entitlement must be paid to the member's spouse/putative spouse if a spouse/putative spouse survives the deceased member. If there is no surviving spouse/putative spouse, payment will be made to the deceased member's Estate. If the deceased member has nominated a legal personal representative with Super SA then the benefit will be paid to the deceased member's Estate and distributed according to their Will. A legal personal representative is the person appointed as the executor or administrator of the deceased member, following their death.

Please note that you are required to provide documents that have been certified within the last six months to prove your identity when you submit this application. (Please see the *Proof of Identity* fact sheet for more information.)

Putative spouse (including same sex partnerships)

A person is the putative spouse of a member if the person and the member had been cohabiting as defacto spouses and:

- 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
- 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*).

If there is a lawful spouse *and* a putative spouse

- Under Regulation 74 of the *Southern State Superannuation Regulations 2009* 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 Regulation.

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 or 1300 369 315

Email

supersa@sa.gov.au

Website

www.supersa.sa.gov.au



UFL0010

APPLICATION FOR PAYMENT IN RELATION TO A DECEASED MEMBER



SUPER SA
contributing to your future

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



Statutory Declaration forms are available from Super SA.

Please complete only Part A **or** Part B

A) Details of spouse/putative spouse (if applicable)

Relationship with deceased

Married Separated Divorced Putative (includes Registered Relationships)

Surname

Given name

Previous family name (widows only)

Residential address

Postcode

Postal address (if different from above)

Postcode

Telephone

Date of birth / /

Sex F M



Part B is to be completed by the executor/administrator of the Estate (legal personal representative) and copies of documentary evidence supporting their appointment as executor/administrator need to be provided.

Thereafter, complete all the details on this form and return the signed original to Super SA.

B) Details of executor/administrator of the Estate

Name

Contact address

Postcode

Telephone

3. Death by accidental injury

Was the death caused by accidental injury? Yes No

If yes, please provide details below (include cause, date, time and place).

4. Membership of other super schemes

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

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

APPLICATION FOR PAYMENT IN RELATION TO A DECEASED MEMBER



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

¹ 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.

5. Other evidence

Must be provided before payment can be made.

- Certified copies¹ 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 copy¹ of the Will
- Grant of probate OR Letters of administration (whichever if applicable)

6. Payment Options

If you are eligible to receive a payment, you can choose from the following payment options:

- I wish to have the entitlement paid directly. (Please complete your financial institution details below and provide the required proof of identity documents. See *Proof of Identity* fact sheet attached.)

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.

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.

Complete the following:

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.

Payment options continue over the page

APPLICATION FOR PAYMENT IN RELATION TO A DECEASED MEMBER

>4



SUPER SA
contributing to your future

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

- I am the spouse/putative spouse of the deceased member and wish to roll over my entitlement¹ into:
- the Super SA Income Stream (min \$30,000). Please also complete an *Application to Purchase* form, available in the Income Stream PDS.

- another income stream account

Name of rollover income stream fund

New policy/member number

Rollover income stream fund ABN

Rollover income stream fund USI

If the income stream fund has no USI then please provide the following information:

Cheques to be made payable to

Postal address of rollover income stream fund

Postcode

¹ If you choose to roll over to a Super SA Income Stream or another income stream account, you will be taxed at 15% tax regardless of being classified as a dependant for superannuation purposes, and the amount rolled over is subject to caps.

7. 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 me² ✕

(Signature of witness)

Name of witness

Address of witness

Postcode

Title or qualification of witness²

² 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.