Form > Super SA > Pension



| 1. Deceased Member Details | Important Information Please note that when you submit this application you are required to provide: - documents that prove your identity. See the <i>Proof of Identity</i> fact sheet - an Australian Taxation Office tax file number declaration form (only is section A or section C completed). | |
|---|---|--|
| Super ID | | |
| ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof | | |
| Surname | 2. Insurance | |
| Given name(s) | If the deceased member purchased additional insurance through Triple S, you will need to make a separate claim for this. See the Triple S Death and Total and Permanent Disablement Insurance fact sheet. | |
| Residential address | | |
| Postcode | | |
| Postal address (if different from above) | Did the deceased member have additional Death and TPD insurance through Triple S? | |
| Postcode | Yes No Not sure | |
| Date of birth / / | 3. Details of Claimant | |
| ¹ A person is the putative spouse of a member if the person and the member had been cohabiting as defacto spouses and: | Please complete Parts A, B and C (if applicable). If there is no surviving spouse/putative spouse¹ then the executor/adminstrator of the Estate must complete Part D. The <i>Superannuation Act 1988</i> 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. | |
| 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 <i>Relationships Register Act 2016</i>). | | |
| | A) Details of spouse/putative 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 to deceased | |
| Contact us | I am: Married Separated Divorced | |
| Address | Putative (includes same sex partner) ¹ | |
| Ground floor, 151 Pirie Street Adelaide SA 5000 | Surname | |
| (Enter from Pulteney Street) | Given name | |
| Postal GPO Box 48, Adelaide, SA 5001 | Previous family name (widows only) | |
| Call | Contact address | |
| (08) 8207 2094 or 1300 369 315 | | |
| Email supersa@sa.gov.au | Postcode | |
| Website | Telephone | |

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Date of birth

www.supersa.sa.gov.au

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APPLICATION FOR PAYMENT IN RELATION TO A DECEASED MEMBER



Characters and symbols will not be recognised. For more

information, contact your financial

institution.

Please complete all the details on this form in BLOCK LETTERS and return the signed original to Super SA.

| Are you entitled to, or are you receiving weekly/fortnightly workers' compensation payments in relation to your spouse's death? Yes No |
|--|
| B) Payment details |
| Name of financial institution |
| Branch |
| Account name (account holder name) |
| When completing your account details, please use numbers only Characters and symbols will not |

Please note

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

months old) and must show

your BSB, account number and your full name on the account.

current (ie less than 12

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.

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

Account number

- (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 copy² of the birth certificates of any children under the age of 16 years.

| Given name(s) | Date of birth |
|---------------|---------------|
| | |
| | |
| | |
| | |
| | Given name(s) |

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 tax details, bank details and a bank statement to confirm the details, together with a certified copy² of their birth certificate. Please contact Super SA for further information.

D) Details of executor/administrator of the Estate

Please complete ONLY if there is no surviving spouse/putative spouse and provide copies of documentary evidence supporting your appointment as executor/administrator.

| evidence supporting your appointment as executor/administrator. | |
|---|----------|
| Name | |
| | |
| Contact address | |
| | |
| | Postcode |
| | |
| Telephone | |

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²Certified 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.

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² Certified copies are copies authorised, or

stamped as being true copies of the

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

originals, by a person or agency

months.

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Please complete all the details on this form in BLOCK LETTERS and return the signed original to Super SA.

E) Other evidence

Must be provided before payment can be made:

- Certified copy² of the deceased member's Will
- Certified copies² of the following documentation
 - Member's death certificate AND
 - Legal marriage certificate (if applicable), issued under the Births, Deaths and Marriages Act 1996,
 - 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 declaration(s) showing putative spouse status (if applicable. Note: this is not required for those who have evidence of a Registered Relationship):
 - Statutory declaration by applicant
 - Statutory declaration by independent person
- Proof of identity documents
- Grant of probate and/or Letters of administration (whichever is applicable)

4. Statutory Declaration

| ı | | |
|----|--|----------|
| | (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 | in the State/Territory of | |
|-----------------------------------|---------------------------|---------------------------|--|
| this | day of | 20 | |
| Signature | | | |
| before me^ | (Signature of declarant) | | |
| Name of witness | (Signature of witness) | | |
| Address of witness | | | |
| | Postcode | | |
| Title or qualification of witness | | | |