

Please note that you are required to provide documents that prove your identity when you submit this application. Please see the *Proof of Identity* fact sheet.

Please complete all the details on 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 / /

Employee Number

2. DETAILS OF CLAIMANT

The Southern Select Super Corporation is established under the *Public Corporations (Southern Select Super Corporation) Regulations 2012*. Southern Select Super Corporation is Trustee of Super SA Select which is established and governed by a Trust Deed and Rules.

Super SA Select's Trust Deed and Rules provide that a deceased member's entitlement must be paid to the member's spouse/de facto spouse if a spouse/de facto spouse survives the deceased member. If there is no surviving spouse/de facto spouse, payment will be made to the deceased member's Estate.

(Please complete only Part A or Part B.)

PART A: DETAILS OF SPOUSE/DE FACTO SPOUSE

A spouse is the person to whom the member is legally married and includes a de facto spouse if:

- a) the person and the member had been cohabiting as de facto 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
- b) a child of whom both persons are the parents has been born.
- c) the person was in a Registered Relationship with the member (within the meaning of the *Relationships Register Act 2016*).

If there is more than one spouse:

- Under the Trust Deed and Rules the deceased member's entitlement will be divided between the spouses. A surviving spouse must provide any known information relevant to this payment.

Relationship with deceased:

- Married Separated
 Divorced De facto (includes same sex partner)

Contact us

In person

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 (for regional callers)

Website

www.supersa.sa.gov.au



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PART A: DETAILS OF SPOUSE/DE FACTO SPOUSE (IF APPLICABLE) CONTINUED

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

Triple S Insurance

Super SA Select members may have either Death and Total & Permanent Disablement (TPD) Insurance or Death Only Insurance through the Triple S Scheme. Therefore any insurance claim must be made through the Triple S Scheme. To make a claim for Death or TPD Insurance, please contact Super SA.

PART B: DETAILS OF EXECUTOR/ADMINISTRATOR OF THE ESTATE (if no surviving spouse or de facto spouse)

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

Name _____

Contact address _____

 _____ Postcode _____

Telephone _____

3. MEMBERSHIP OF OTHER SUPER SCHEMES

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

- Triple S 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: _____

4. OTHER EVIDENCE

Must be provided before payment can be made.

- Certified copies* of: Proof of identity documents
 - Death certificate
 - Legal marriage certificate, issued under the *Births, Deaths and Marriages Act 1996* (if applicable)
- Statutory declarations supporting de facto spouse status (if applicable), forms available from Super SA
 - Statutory declaration by applicant
 - Statutory declaration by independent person

*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 Police Officer.

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5. PAYMENT OPTIONS

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

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 a 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.

- 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.
- I am the spouse/de facto 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.

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.

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, the amount rolled over is subject to caps.

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Please refer to the *Proof of Identity* fact sheet for more information.

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6. 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 Trustee 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 Trustee.

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 **X**

(Signature of declarant)

before me[^] **X**

(Signature of witness)

Name of witness

Address of witness

Postcode

Title or qualification of witness[^]

[^] A witness must be one of the following: a Justice of the Peace, Commissioner for taking Affidavits, a Notary Public, a proclaimed Police Officer.