Form > Super SA PUTATIVE SPOUSE STATUTORY DECLARATION (INCLUDING SAME SEX PARTNER)



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

Personal Details

Statutory Declaration

Account ID (if applicant is also a Super SA member)							
	(Full name of person making the declaration) Of						
Mr Ms Miss Mrs Dr Prof	(Address of person making the declaration)						
Surname	Postcode						
Given name(s)	do solemnly and sincerely declare that at the date of death of						
Postal address	(Name of deceased)						
Postcode	who was a member of Triple S Super SA Select						
	Pension Scheme □ Flexible Rollover Product						
Date of birth / / Email Telephone (M)	 I was living with the deceased as their putative spouse[^]. I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1936 (SA)</i>. 						
(H)	- Declared at						
(W)	in the State/Territory of						
	this day of 20						
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 <i>Relationships Register Act</i>	Signature (Signature of declarant)						
2016). You must instead provide a certified copy of the registered relationship certificate, demonstrating that the relationship was registered in	before me * (Signature of witness) Name of witness						
accordance with the <i>Relationships Register Act 2016</i> as at the date of the member's death. The certificate must be issued at or after the member's date of death.	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 or a Proclaimed Police Officer.						
Contact Us	^A person is the putative spouse of a member if the person and the member had been cohabiting as defacto spouses and:						
In person: Ground floor, 151 Pirie Street Adelaide SA 5000	 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 						
(Enter from Pulteney Street)	 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 						
Postal: GPO Box 48, Adelaide, SA 5001	Relationship with the member (within the meaning of the <i>Relationships Register Act 2016</i>)						



Form updated July 2020

regional callers)

Call: (08) 8207 2094 or 1300 369 315 (for

Website: www.supersa.sa.gov.au

ASFM17

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In support of the above declaration please provide the following information:

1. Please provide the name(s) and date(s) of birth of any child/children of whom the deceased and yourself were the natural parents.

Surname	Given name(s)	Date of birth

2. What was the date upon which you commenced living with the deceased as their putative spouse on a genuine domestic basis, having the distinguishing characteristics of a married relationship? / /

3. Were you residing with the deceased while you were their putative spouse?

4. Were there any periods of time when you were not residing with the deceased while you were the deceased's putative spouse?

□Yes	□No

5. If YES, please provide details of when you separated and recommenced living together. Please provide information for the four years prior to the date of death:

Ceased	/	/	Recommenced	/	/	
Ceased	/	/	Recommenced	/	/	
Ceased	/	/	Recommenced	/	/	

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 (eg joint bank accounts or similar accounts, including supporting documentation):

10. What were the arrangements between you and the deceased for payment of household expenses, ie who paid what proportion? (Please supply supporting documentation if possible):

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11. Please provide any further information that demonstrates that you and the deceased were living together in a de facto 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.

14	. Have y	ou ever	claimed	any form	of per	nsion o	r bene	fit from	the	Common	wealth	Governm	nent?
lf '	YES, ple	ase pro	vide deta	ails of the	type	of ben	efit cla	med:					

15. Did you have any joint health insurance cover with the deceased? If yes, please provide details:

□Yes □No

□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.