

Death benefit claim form



IMPORTANT
 This form should be completed in conjunction with our *How to claim a death benefit* fact sheet issued with your claim pack. If you have not received a claim pack, or if you have any questions, please contact us on **1300 650 873**.

*Where the late member has more than one account with us, please ensure you advise in Section 4, question 6 of this form. If you need more room to complete this form, please make copies. Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online, print it and send it to us. Forms are located on our website at aware.com.au/forms. If you have any questions, please call us on **1300 650 873**.

IMPORTANT
 Under super law, we are required to inform all potential beneficiaries of the proposed payment. This means a person's name and details of their relationship with, or financial dependence on, the member may be disclosed to other beneficiaries. This information may also be disclosed to our legal advisers, the Australian Financial Complaints Authority or a Court.

Refer to the Notes on page 7 of this form for meanings of terms used in this form and a checklist of the documents required to be provided for the claim.

You should use this form if you are a potential beneficiary or Legal Personal Representative (LPR) of an Aware Super member and you're claiming their death benefit.

1. The member's details

Member number

Account number*

Date of birth (DD-MM-YYYY)

Last name

Given name/s

Residential address at the time of their death

Suburb

State

Postcode

Member's relationship status at the time of their death
 Married De facto Separated Single Divorced

2. Details of member's Estate

Is there a Will? Yes No If yes, please include a certified copy of the Will with this application.

Has a Grant of Probate or Letters of Administration been applied for or granted?
 Grant of Probate Yes No Letters of Administration Yes No

If yes, please provide details of the Legal Personal Representative (LPR) receiving these document(s) and indicate (X) if the Estate is: solvent OR insolvent

<p>Executor/Administrator</p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Suburb <input type="text"/></p> <p>State <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Email <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Were they financially dependent on the member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship to member <input type="text"/></p>	<p>Executor/Administrator</p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Suburb <input type="text"/></p> <p>State <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Email <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Were they financially dependent on the member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship to member <input type="text"/></p>
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Please list all the member's dependants and potential beneficiaries as at the member's date of death.

Please refer to the **Notes** on page 7 of this form for the meaning of dependant.

3. The member's dependants and potential beneficiaries

Relationship 1

Full name

Address

Suburb

State

Postcode

Email

Date of birth (DD-MM-YYYY)

Daytime contact number

Date relationship commenced (DD-MM-YYYY)

Were they living with the member at the time of their death?

Yes No (If yes, for how long?) years months

Relationship to member? (Select **X** every relationship type)

- Spouse/de facto Child (incl. adult, adopted and step) Financial dependant
 Interdependency relationship LPR

Full name of guardian if a minor child

Daytime contact number

Relationship 2

Full name

Address

Suburb

State

Postcode

Email

Date of birth (DD-MM-YYYY)

Daytime contact number

Date relationship commenced (DD-MM-YYYY)

Were they living with the member at the time of their death?

Yes No (If yes, for how long?) years months

Relationship to member? (Select **X** every relationship type)

- Spouse/de facto Child (incl. adult, adopted and step) Financial dependant
 Interdependency relationship LPR

Full name of guardian if a minor child

Daytime contact number

3. The member's dependants and potential beneficiaries (continued)

Relationship 3

Full name

Address

Suburb

State

Postcode

Email

Date of birth (DD-MM-YYYY)

Daytime contact number

Date relationship commenced (DD-MM-YYYY)

Were they living with the member at the time of their death?

Yes No (If yes, for how long?) years months

Relationship to member? (Select **X** every relationship type)

- Spouse/de facto Child (incl. adult, adopted and step) Financial dependant
 Interdependency relationship LPR

Full name of guardian if a minor child

Daytime contact number

Relationship 4

Full name

Address

Suburb

State

Postcode

Email

Date of birth (DD-MM-YYYY)

Daytime contact number

Date relationship commenced (DD-MM-YYYY)

Were they living with the member at the time of their death?

Yes No (If yes, for how long?) years months

Relationship to member? (Select **X** every relationship type)

- Spouse/de facto Child (incl. adult, adopted and step) Financial dependant
 Interdependency relationship LPR

Full name of guardian if a minor child

Daytime contact number



Complete this section of the form if you wish to be considered in the payment of a death benefit.

If there is more than one person wishing to claim, please make copies of pages 4-6, which need to be completed by each claimant.

If this form is being completed on behalf of a minor under age 18, it must be signed on their behalf by their legal guardian.

If you are the member's spouse, no need to provide your tax file number.

4. Request to be considered in the payment of a death benefit

M F Date of birth (DD-MM-YYYY) Tax file number

Last name

Given name(s)

Address

Suburb State Postcode

Daytime contact number Your relationship to the member

Email* (For security reasons, please provide your personal email and not a role-based email such as employee_title@company.com.au)

1. Were you the spouse of the member at the date of their death? Yes No

If you were the de facto spouse please provide proof of registration of your relationship under a law of a State or Territory, or two statutory declarations completed by two family members or friends verifying the member lived with you on a genuine domestic basis as a couple, including the nature and duration of the relationship.

2. Were you wholly or partially financially dependent on the member at the date of their death? Yes No

If you tick yes, please provide details below as to how you relied on the member to meet or assist in meeting daily living expenses, such as utility and household expenses, rent and shared financial commitments (like mortgage payments and other loans). Also, please advise if this support was regular and likely to continue.

3. Are you requesting to be considered on behalf of the Estate? Yes No

If you tick yes, you are expressing your wish for the death benefit to be paid to the Estate and not to you as an individual. Please proceed to question 5 under this section.

If you tick no, please continue to complete the questions below.

4. Were you in an interdependency relationship* with the member at the date of their death? Yes No

* An interdependency relationship does not generally apply in respect of housemates, parents or children.

If you tick yes, please answer the following questions and provide any evidence to support your claim:

Did you have a close personal relationship with the member? Yes No

What was the duration of your relationship? years months

Were you living together? Yes No

Did one or each of you provide the other with financial support? Yes No

Did one or each of you provide the other with domestic support and personal care? Yes No

Did you and the member share the ownership, use or acquisition of property? Yes No

Did you and the member have a mutual commitment to a shared life? Yes No

Did both of you care for and support your children (if any)? Yes No

Was your relationship with the member publicly recognised? Yes No

Did you and the member provide each other with emotional support? Yes No

Was your relationship with the member merely for convenience? Yes No

Did you and the member intend that your relationship would be permanent? Yes No

Did either you or the member have a disability? Yes No



Please refer to the Notes on page 7 of this form for the meaning of interdependency relationship.

4. Request to be considered in the payment of a death benefit (continued)



Relationship can include spouse/ de facto, children, parents, siblings, flat mates etc.

Please ensure you list all individuals.

5. Who lived with the member at the time of their death?

Name of individual/s	Relationship	Contact number

6. Are there any other circumstances which the Trustee of Aware Super should be informed of, or is there any other information you can provide to assist the Trustee with the assessment of the claim? For example, are there any family law proceedings in progress or about to commence with regards to the member's estate? Does the member have multiple super accounts?

5. Request NOT to be considered in the payment of a death benefit



Complete this section of the form if you do **NOT** wish to be considered in the payment of the death benefit.

If there is more than one person wishing to NOT make a claim, please make copies of Sections 5, 6, 7 and 8 of the form, and ensure they each complete Sections 5 and 7. Alternatively, contact us for additional copies of the form.

By completing this section, and signing the **Statutory declaration in Section 7**, you agree you will **NOT** be considered in the distribution of the death benefit, and you release the Trustee of Aware Super from any obligation to include you in its determination. You acknowledge that you have had the opportunity to obtain independent legal and/or financial advice, and you are aware you may not be involved in any future correspondence in relation to this claim.

Last name

Given name(s)

Residential address

Suburb

State

Postcode

Daytime contact number

Your relationship to the member

Email* (For security reasons, please provide your personal email and not a role-based email such as employee_title@company.com.au)

Please advise how you would like to see the death benefit paid, ensuring you provide the proportion split where there is more than one beneficiary.

6. Privacy

The personal information you provide on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration Services (Australia) Pty Ltd, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering the member's account and providing services associated with the member's fund membership. For further information about how your personal information is handled, please call us on **1300 650 873** or visit aware.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.



When you make a Statutory declaration, you are declaring that the statements in it are true.

7. Statutory declaration

I, (name)

of (address)

Suburb

State

Postcode

Occupation

make the following declarations under the *Statutory Declarations Act 1959*:

- The information I have provided in this form is true and correct.
- I have provided the names of all known dependants in section 3 of this form.
- I have read and understand the Aware Super privacy policy.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Signature of claimant if you completed Section 4, or non-claimant if you completed Section 5.

NOTE: Do not sign the form until you are with an authorised witness.



Please sign and date form here.

Date (DD-MM-YYYY)

Declared at (address)

Suburb

State

Postcode

The applicant has signed before me:

Signature of witness

Date (DD-MM-YYYY)

must be same date as signed by claimant

Name of witness (please PRINT in full)

Qualification

Address

Suburb

State

Postcode

Email

Contact number

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years—see section 11 of the *Statutory Declarations Act 1959*.

Note 2: Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959*—see section 5A of the *Statutory Declarations Act 1959*.



Send the form to this address.

8. Where to send your completed form

Return the completed original form to Aware Super, PO Box 1229, WOLLONGONG NSW 2500.

What is a death benefit?

This is the benefit payable from a super fund when a fund member dies. It consists of their super account balance and any insurance benefit that may be payable (we'll confirm if they had insurance) plus any earnings on the super balance to the date of payment, less any tax (if applicable).

Generally, a super death benefit can only be paid to:

- a) The late member's legal personal representative (LPR), and/or
- b) One or more of their dependants

We may pay the benefit to another person after making reasonable enquiries, if we haven't found an LPR or a dependant.

Refer to the *How to claim a death benefit* fact sheet issued with your claim pack for further details. It's also available online at aware.com.au/factsheets or you can call us for a copy.

Who is a legal personal representative?

Legal Personal Representative (LPR) is either an executor named in the member's will who is able to be granted Probate or the administrator of the member's estate (where there is no will), who has been granted Letters of Administration.

Who is a dependant?

Dependants include the member's spouse or de facto spouse (regardless of gender), children and anyone who was wholly or partially financially dependent on the member, or in an interdependency relationship with them, when they died.

Spouse is someone (regardless of gender) with whom the member is in a relationship that is registered under a law of a State or Territory, or another person who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.

Child includes an adopted child, a stepchild or an ex-nuptial child of the member, a child of the member's spouse, and someone who is a child of the member within the meaning of the *Family Law Act 1975*.

There is no age limit imposed on this definition and therefore a child of any age can apply for a death benefit, however minor children and financially dependent children will be considered first.

A **financial dependant** is someone who relied on the member to help them meet their daily living expenses such as utility and household expenses, rent and shared financial commitments like mortgage repayments or other loans.

An **interdependency relationship** may exist between two people if:

- they have a 'close personal relationship'; and
- they live together; and
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care of a type and quality normally provided in a close personal relationship, rather than by a mere friend or flat mate

OR

- they have a 'close personal relationship'; and they do not live together, nor provide each other with financial support, nor provide each other with domestic support and personal care because one or both suffer from a disability

OR

- they have a 'close personal relationship'; and
- they do not live together, nor provide each other with domestic support and personal care because they are temporarily living apart.

A 'close personal relationship' is one that involves a demonstrated and ongoing commitment to the emotional support and wellbeing of the two parties. Two persons do not have an interdependent relationship if one of them provides domestic support and personal care to the other:

- under an employment contract or a contract for services; or
- on behalf of another person or organization such as a government agency, a body corporate or a benevolent or charitable organization.

What documents you need to send with this form

Before submitting this claim, have you provided?

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> fully completed and signed claim form? <input type="checkbox"/> certified copy of the full death certificate? <input type="checkbox"/> certified copy of the member's proof of identity documents (see page 8 for suitable forms of identity)? <input type="checkbox"/> certified copy of proof of the member's address (e.g. current driver's licence)? <input type="checkbox"/> certified copy of the member's marriage certificate or certificate of registration (if any)? <input type="checkbox"/> certified copy of the member's divorce certificate (if any)? <input type="checkbox"/> certified copy of the member's Will (if any)? <input type="checkbox"/> certified copy of the Grant of Probate or Letters of Administration (if any)? | <ul style="list-style-type: none"> <input type="checkbox"/> certified copy of the birth or adoption certificates of any children of the member? <input type="checkbox"/> certified copy of your own proof of identity documents (see page 8 for suitable forms of identity)? <input type="checkbox"/> for a de facto spouse, proof of registration of the relationship or two statutory declarations completed by two family members or friends of the member verifying the member lived with the de facto spouse on a genuine domestic basis as a couple, including the nature and duration of the relationship? <input type="checkbox"/> For an interdependency relationship, relevant proof the interdependency relationship existed at the date of death? <input type="checkbox"/> certified copy of deed poll change of name certificate or marriage certificate from the Births, Deaths and Marriages registration office for changes of name. |
|--|--|

Proof of identity (POI)

You must provide certified documentation verifying your own and the member's identity before your application can be processed. This is a three-step process:

1 Collect your originals

Collect proof of identity document(s). We have listed the documents you can use below.

2 Photocopy your originals

3 Certify your copies

Take your copies and your original documents to a person who can certify documents. A list of authorised certifiers and certification guidelines is included below.

You can provide a **certified copy of one of the following documents as proof of identity**.

If you cannot provide one of these documents, or if yours or the member's name is different to the name shown on the document (e.g. because of marriage), please call us to discuss alternative arrangements.

- current Australian state/territory driver's licence containing a photograph
- Australian passport
- current Australian state/territory proof of age card containing a photograph
- current passport, similar travel document or national identity card issued by an Australian and/or foreign government department, the UN or an agency of the UN, containing a photograph and either a signature or a unique identifier*.

* If the document and/or the certification is not written in English, it must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI). If you are unable to provide these documents, please call us to discuss alternatives.

Certification of personal documents

For the full list of acceptable POI documents, please refer to the *Proof of ID: How to verify your information* fact sheet included in your claim pack or online at aware.com.au/verify

All copied pages of original personal identity documents (including any change of name documents) must be certified as true copies by an authorised person with the appropriate qualifications or registration (see below) who cannot be the owner or addressee of the document. The authorised person must sight the original and the copy to ensure the documents are identical, then certify each page by writing "I certify that this document is a true copy of the original", followed by their signature, printed name, address, qualification (e.g. justice of the peace, Australia Post employee), registration number (if applicable) and date.

If you are in Australia

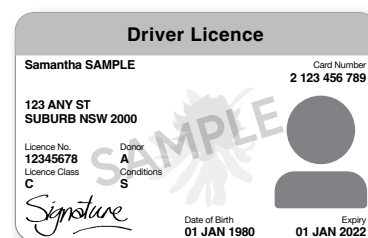
The following lists a subset of people who are authorised to witness your signature on a Statutory declaration, as well as certify copies of original documents. For a complete list of authorised witnesses/certifiers, go to the Attorney-General's Department website at www.ag.gov.au.

- Australia Post employee in charge of an office providing postal services (charges may apply)
- chiropractor
- dentist
- financial adviser or financial planner
- full-time or part-time teacher employed at a school or tertiary institution
- justice of the peace
- legal practitioner
- magistrate
- medical practitioner
- nurse
- optometrist
- pharmacist
- physiotherapist
- police officer
- psychologist
- veterinary surgeon

Samantha Sample has provided a copy of her identification that includes her signature, full name, date of birth and current residential address.

The authorised person has sighted the original identification and confirmed that the copy is a true copy.

Details for the authorised person to include are full name, address, qualification, registration number (if applicable), date and signature.



"I certify that this document is a true copy of the original."

K Anderson

Name: Kate Anderson
Address: 6 Some St, Suburb NSW 2000
Qualification: JP
Registration no: 123456
Date: 31 March 2020

If you are outside Australia

The following people can certify copies of the originals:

- consular staff at an Australia Embassy, High Commission or Consulate
- a public notary or other person authorised to administer an oath or affirmation or to authenticate documents in the country you are visiting or living in.

The professions listed above can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certified outside Australia, the certifier must quote their registration number or the relevant law that qualifies them to authenticate your documents.