

! Please list all the member's potential beneficiaries and dependants as at the date of death. Please refer to Notes on page 7 of this form for meanings dependants.

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. any age and adopted children) 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. any age and adopted children) 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. any age and adopted children) 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. any age and adopted children) Financial dependant
 Interdependency relationship LPR

Full name of guardian if a minor child

Daytime contact number

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

! 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.

M	F	Date of birth (DD-MM-YYYY)	Tax file number
		D D - M M - Y Y Y Y	
Last name			
Given name(s)			
Address			
Suburb			State
Daytime contact number			Postcode
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 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 death?** Yes No
If you were wholly or partially financially dependant provide details of the financial support provided to you including purpose, amount, regularity and whether the financial support was likely to continue?

- 3. Are you requesting to be considered on behalf of the Estate?** Yes No
If you tick yes, you are expressing that you wish for the death benefit to be paid to the Estate and not to you as an individual.

- 4. Were you in an interdependency relationship* with the member at the date of death?** Yes No
* An interdependency relationship does not generally apply in respect of housemates, parents or children.

If you were an interdependent, please answer the following questions and provide any evidence to support your claim:

- | | |
|--|--|
| Did you have a close personal relationship with the member? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What was the duration of your relationship? <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> years <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> months | |
| Were you living together? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did one or each of you provide the other with financial support? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did one or each of you provide the other with domestic support and personal care? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did you and the member share the ownership, use or acquisition of property? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did you and the member have a mutual commitment to a shared life? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did both of you care for and support your children (if any)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was your relationship with the member publicly recognised? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did you and the member provide each other with emotional support? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was your relationship with the member merely for convenience? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did you and the member intend that your relationship would be permanent? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did either you or the member have a disability? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

! Please refer to **Notes on page 7** of this form for meanings of terms used in this form.

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. Are there any other circumstances of which the trustee of Aware Super should be aware?

Name of individual/s	Relationship	Contact number

6. Are there any other circumstances of which the trustee of Aware Super should be aware? (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?)



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 claim, please make copies of sections 5, 6, 7 and 8, which need to be considered and completed by each claimant.

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

By completing this section, and signing the **Statutory declaration in Section 7**, you agree that you will **NOT** be involved in any future correspondence in relation to this claim, 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.

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)

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 customer service 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.

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*.

! A Commonwealth Statutory declaration must be signed in the presence of an authorised witness. Please refer to page 8 of this form for a subset list of authorised witnesses. For a complete list of authorised witnesses, go to the Attorney-General's Department website at www.ag.gov.au.

✉ 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?

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

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

- The late member's legal personal representative (LPR), and or
- 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 our *Guide for claiming death benefits* for further details.

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*.

What documents you need to send with this form

Before submitting this claim, have you provided?

- fully completed and signed claim form?
- certified copy of the full death certificate?
- certified copy of the member's proof of identity documents (see page 8 for suitable forms of identity)?
- certified copy of proof of the member's address (e.g. current driver's license)?
- certified copy of the member's marriage certificate or certificate of registration (if any)?
- certified copy of the member's divorce certificate (if any)?
- certified copy of the member's Will (if any)?
- certified copy of the Grant of Probate or Letters of Administration (if any)?
- certified copy of the birth or adoption certificates of any children of the member?
- certified copy of your own proof of identity documents (see page 8 for suitable forms of identity)?
- 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?
- For an interdependency relationship, relevant proof the interdependency relationship existed at the date of death?
- certified copy of deed poll change of name certificate or marriage certificate from the Births, Deaths and registration Marriages office for changes of name.

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.

Proof of identity

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 under **Certification of personal documents**.

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

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

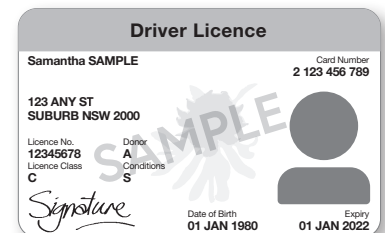
The following lists a subset of people who are authorised to witness your signature on a Statutory declaration as well as certify copies of original documents. For a complete list of authorised witnesses/certifiers, go to the Attorney-General's Department website at www.ag.gov.au.

- 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.