

Application for Payment in Relation to a Deceased Member



Super SA



All Schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

To find out more visit supersa.sa.gov.au or call **1300 369 315**

1. Membership of super schemes

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

Triple S Scheme Flexible Rollover Product Lump Sum Scheme SA Ambulance Superannuation Scheme
Super SA Select Income Stream Pension Scheme

Another SA Public Sector employment-related super scheme to which the deceased member or their employer contributed? Yes No Unknown

If yes, please state name of scheme

2. Details of Deceased Member

Client ID or Super ID

Title

Date of birth

Given Name(s)

Family Name

Residential address

Suburb

State

Postcode



Please complete either Part A or Part B of section 2.

Part B is to be completed by the executor/administrator of the Estate (legal personal representative) and copies of documentary evidence supporting their appointment as executor/administrator need to be provided.

Thereafter, complete all the details on this form and return the signed original to Super SA.

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3. Details of Claimant

Please complete only Part A or Part B

The 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. If the deceased member has nominated a legal personal representative with Super SA then the benefit will be paid to the deceased member's Estate and distributed according to their Will.

Please note that you are required to provide documents that have been certified within the last six months to prove your identity when you submit this application. (Please see the Proof of Identity information sheet for more information.)

A) Details of spouse

Relationship with deceased

Married Separated Divorced Putative (includes Registered Relationships) Other

If other, please provide details below:

Given name(s)

Surname

Details of any previous name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Telephone

Date of birth

Was there anyone else cohabiting with the deceased at the time of their death?

Yes No

Is there a Family Law Splitting Agreement, Court Order or other binding financial agreement in place?

Yes No

If yes, please provide details below:



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3. Details of Claimant (cont.)

B) Details of executor/administrator of Estate

If there is more than one executor/administrator acting jointly or independently, each one will need to complete and sign the form.

Name (Person 1)

Contact address

Postcode

Telephone

Email

Name (Person 2)

Contact address

Postcode

Telephone

Email

 Part B is to be completed by the executor/administrator of the Estate (legal personal representative) and copies of documentary evidence supporting their appointment as executor/administrator need to be provided. Thereafter, complete all the details on this form and return the signed original to Super SA.

4. Other evidence

The following must be provided before payment can be made.

- Certified copies¹ of
 - Death certificate
 - Legal marriage certificate, issued under the *Births, Deaths and Marriages Act 1996* (if applicable)
 - 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 declarations supporting putative spouse status (if applicable).
 - Statutory declaration by applicant
 - Statutory declaration by independent person.

Note: this is not required for those who have evidence of a Registered Relationship as listed above.
- Certified copy¹ of proof of identity documents for spouse and executors
- Certified copy¹ of the Will
- Certified copy¹ of the grant of probate OR Letters of administration (whichever if applicable)
- Family Law Splitting Agreement, Court Order or other binding financial agreement in place (if applicable)

¹ 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 Proclaimed Police Officer. For a full list refer to the Proof of Identity information sheet.

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5. Payment options

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

Option 1

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 information sheet attached.)
When completing your account details, please use numbers only. Characters and symbols will not be recognised.
For more information, contact your financial institution.

Name of financial institution

Branch

Account name (account holder name)

BSB

Account number



Important: If you wish to nominate a bank account for your benefit to be paid to, we require you to provide a bank statement (e.g. 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.

Option 2

If you choose to roll over, you must roll over into a retirement superannuation product. We recommend you seek independent financial advice before making any decision.

I am the spouse/putative spouse of the deceased member and wish to roll over my entitlement² into:

Super SA Income Stream

(min \$30,000) – (Please also complete an *Application to Purchase form*, available in the *Income Stream Product Disclosure Statement*)

Another superannuation product named below

Name of rollover superannuation fund

Rollover superannuation fund member number

Rollover superannuation fund ABN

Rollover superannuation fund USI

I wish to transfer to my Self Managed Super Fund (SMSF).

SMSF name

ABN

Electronic Service Address (ESA)

SMSF bank details (please attach a copy of your most recent SMSF bank statement)

Account name

BSB

Account number

² If you choose to roll over to a Super SA Income Stream or another super fund, you will be taxed at 15% on the untaxed element regardless of being classified as a dependant for superannuation purposes, and the amount rolled over is subject to caps.

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6. 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 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 _____

on this _____ day of _____ 20 _____

Signature (Signature of Declarant)

before me³ (Signature of Witness)

x

x

Name of witness

Address of witness

Postcode

Title or qualification of witness³

If declaration was signed electronically:

This declaration was signed/initialled by electronic means.

This declaration was taken remotely under the observation of the authorised witness through an audio-visual link and the requirements under the *Oaths Act 1936 (SA)* for taking declarations by audio visual link were complied with.

If assistance was provided to the declarant:

Give details of any assistance the witness provided to the declarant. For example, state here if the statement was read to the declarant and/or they nodded their agreement.

I certify that the following modifications were made to the witnessing process:

Signature of authorised witness

x

Name and address of any other person who assisted the declarant to make the declaration (not including assistance in a professional capacity to prepare/write the declaration on the instructions of the declarant).

Nature of assistance the other person provided, e.g. translation assistance.

³ A witness can be one of the following: a Justice of the Peace, Commissioner for taking Affidavits, a Notary Public and a Police Officer. Please refer to the Attorney General's website for the full list of authorised witnesses which can be accessed at the AGD Website (South Australia) at www.agd.sa.gov.au. Please also refer to Super SA's Proof of Identity information sheet available on our website.

Contact us

Email supersa@sa.gov.au

Website supersa.sa.gov.au

Member Centre, Karna Country
Ground floor, 151 Pirie St Adelaide SA 5000
(Enter from Pulteney Street).

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