# Application for Spouse/Putative Spouse and Children's Entitlements Super SA



## Superannuants

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. Details of Super ID	Deceased Member
Title	Date of birth
	D D J M M J Y Y Y
Given Name(s)	
Family Name	
Email address	
Mobile phone	Work phone Home phone
Postal address	
Suburb	State Postcode

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2. Details of Claimant						
hereby apply for a fortnightly income under the provision of the Superannuation Act 1988. The Superannuation Act 1988 provides that a deceased member's entitlement must be paid to the member's spouse/putative spouse/putative spouse survives the deceased member.						
Details of spouse (if applicable)						
Under Section 46 of the Superannuation Act 1988, a spouse's entitlement can be divided between a lawful spouse and a putative spouse.  A surviving spouse/putative spouse must provide any known information relevant to this section of the Act.						
Relationship with deceased						
Married Separated	Divorced	Putative				
Surname						
Given name(s)						
Previous family name (widows only)						
Contact address				Postcode		
Telephone	Date of birth <sup>2</sup>		Place of birth			
	D D / M M	/ Y Y Y Y				
Maiden Name (if applicable)						
Date of marriage <sup>2</sup>	Place of marriage					
D D / M M / Y Y Y						
Date of spouse's death <sup>2</sup>	Place of death					
D D / M M / Y Y Y						
Are you receiving weekly/fortnightly workers' co	mpensation payments i	n relation to your spouses	s's death? Yes	No		

1 For a partner to be recognised as a putative spouse of a member, they need to satisfy the requirements under the Superannuation Act 1988 (conditions apply). In general terms, the person must have been living as husband and wife de facto (or with the distinguishing characteristics of a married couple in the case of same sex couples) with the member at the date of death of the member and have either:

- lived continuously with them for a period of three years immediately before the date of death, or
- lived with them for an aggregate period of three out of four years immediately before the date of death, or
- had a child born of the relationship of whom both are the parents.

A person will also be recognised as a putative spouse of the member if in a Registered Relationship with the member as at the date of death (within the meaning of the *Relationships Register Act 2016*).

2 Please see over page for evidentiary documents required.

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<b>3. Payment details</b> 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 number Account number					
4. Details of eligible children/students (if applicable)					
In relation to a deceased member, an eligible child/student is:					
a. (i) a child of the member, or  b. (i) under the age of 16 years, or  (ii) a child in relation to whom the member had assumed parental  (ii) between the ages of 16 and 25 years and in full-time attendance					

Students between the ages of 16 and 25 years who may be eligible for a student pension must complete a student application form and provide bank and tax details, together with a certified copy<sup>3</sup> of their birth certificate. Please contact Super SA for further information.

#### 5. Other evidence

Surname

Must be provided before payment can be made:

- Certified copies<sup>3</sup> of the following documentation
  - Spouse's death certificate
  - Legal marriage certificate, issued under the Births, Deaths and Marriages Act 1996 (if applicable)

responsibilities and who was cared for and maintained, wholly

or in part, by the member up to the date of the member's death, and

Please provide a certified copy<sup>3</sup> of the birth certificates of any children under the age of 16 years.

Given name(s)

- Registered relationship certificate, 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 (if applicable).
- Birth certificate of spouse applying for entitlement

- Statutory declaration(s) supporting putative spouse status (if applicable. Note: this is not required for those who have evidence of a Registered Relationship as listed above)

at an educational institution recognised by the Board for the

Date of birth

- Statutory declaration by applicant
- Statutory declaration by independent person
- Proof of identity documents

purposes of this definition.



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 (i.e. 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.

3 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 or a Proclaimed Police Officer. Documents must be certified wihin the last six months.

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6. Statutory declaration					
I, (Full name of person making the declaration)					
of (Address of person making the declaration)		Postcode			
er ( lauress of person maining the accumulation)		. oscesus			
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	me <sup>4</sup> (Signature of witness)			
×	×				
This declaration was taken remotely under the obser the Oaths Act 1936 for taking declarations by audio vi	vation of the authorised with sual link were complied with	ness through an audio-visual link and the requirements under . (Tick if the declaration was witnessed remotely online)			
This declaration was signed/initialled by electronic	means. (Tick if declaration w	as signed electronically)			
Name of Witness					
Address of witness					
		Postcode			
		Postcode			
Title or qualification of witness <sup>4</sup>		Postcode			
Title or qualification of witness <sup>4</sup>		Postcode			
Only complete the following section if the declarant rec	eived any assistance in mak For example, state here that	Postcode ing the declaration, or the authorised witness permitted any the statement was read to the declarant and/or they nodded			
Only complete the following section if the declarant rec modification to the process of making the declaration. F	or example, state here that	ing the declaration, or the authorised witness permitted any			
Only complete the following section if the declarant recommodification to the process of making the declaration. Fitheir agreement.	or example, state here that	ing the declaration, or the authorised witness permitted any			
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Only complete the following section if the declarant recomodification to the process of making the declaration. Fit their agreement.  I certify that the following modifications were made to the signature of authorised witness  *  Name and address of any other person who assisted the to prepare/write the declaration on the instructions of the signature.	e declarant to make the declarant).	ing the declaration, or the authorised witness permitted any the statement was read to the declarant and/or they nodded			
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#### Contact us

(@) Email supersa@sa.gov.au

Post GPO Box 48, Adelaide SA 5001

Website supersa.sa.gov.au

Phone 1300 369 315

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

SSA2203

<sup>4</sup> 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) > Services & Support > Justices of the Peace and authorised witnesses > Authorised witnesses.

If a Power of Attorney is applicable to you, please forward a certified copy of this document. 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 or a Proclaimed Police Officer.



# **Tax file number declaration**This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
  Read all the instructions including

ato.gov.au — nead all the instructions	sincluding the privacy statement before you complete this declaration.
Section A: To be completed by the PAYEE	5 What is your primary e-mail address?
What is your tax file number (TFN)?	
OR I have made a separate application/enquiry to	
information, see	
question 1 on page 2 of the instructions.  OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.	Day Month Year
OR I am claiming an exemption because I am in	6 What is your date of birth?
receipt of a pension, benefit or allowance.	7 On what basis are you paid? (select only one)
What is your name? Title: Mr Mrs Miss Ms	Full-time Part-time Labour Superannuation or annuity employment hire income stream Casual employment
Surname or family name	8 Are you: (select only one)
First given name	An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker
	9 Do you want to claim the tax-free threshold from this payer?
Other given names	Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.
	Answer <b>no</b> here if you are a foreign resident or working holiday
What is your home address in Australia?	Yes No Maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.
	10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or
	Trade Support Loan (TSL) debt?
Suburb/town/locality	Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
State/territory Postcode	DECLARATION by payee: I declare that the information I have given is true and correct.
State/territory Positione	Signature
	Date Day Month Year
If you have changed your name since you last dealt with the ATO, provide your previous family name.	You MUST SIGN here / / /
	There are penalties for deliberately making a false or misleading statement.
Once section A is completed and signed, give it to your payer to com	nlete section B
Section B: <b>To be completed by the PAYER</b> (if you are a <b>What is your Australian business number (ABN) or</b> Branch number	not lodging online)    5 What is your primary e-mail address?
withholding payer number? (if applicable)	
If you don't have an ABN or withholding	
payer number, have you applied for one?	6 Who is your contact person?
What is your legal name or registered business name (or your individual name if not in business)?	
(or your individual name it not in business)?	Business phone number
	Dusiness priorie number
	7 If you no longer make payments to this payee, print X in this box.
	<b>DECLARATION by payer:</b> I declare that the information I have given is true and correct.  Signature of payer
What is your business address?	Date Day Month Year
Suburb/town/locality	There are penalties for deliberately making a false or misleading statement.
	Return the completed original ATO copy to:
State/territory Postcode Postcode	Australian Taxation Office See next page for:
	PO Box 9004 PENRITH NSW 2740  ■ payer obligations ■ lodging online.

