

# Form > SA Ambulance Service Superannuation Scheme APPLICATION FOR PAYMENT IN RELATION TO A DECEASED MEMBER

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**SUPER SA**  
contributing to your future

Please complete all the details on this form and return to Super SA.

## 1. Deceased Member Details

**Super ID** Mr  Ms  Miss  Mrs  Dr  Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

### Contact us

**Address**

Ground floor,  
151 Pirie Street  
Adelaide SA 5000  
(Enter from Pulteney Street)

**Postal**

GPO Box 48, Adelaide, SA 5001

**Call**

(08) 8207 2094 or 1300 369 315  
(for regional callers)

**Email**

supersa@sa.gov.au

**Website**

www.supersa.sa.gov.au

### Important

If you wish to nominate a new bank account for your benefit to be paid to, we require you to provide a bank statement (eg 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.

## 2. Details of Claimant

(please complete only Part A or Part B)

Please note that you are required to provide documents that prove your identity when you submit this application. Please see the *Proof of Identity* fact sheet for more information.

### Part A.

Surname

Given name

Previous family name (widows only)

Contact address

Postcode

Telephone

Date of birth

Gender  M  F

Are you entitled to, or are you receiving weekly/fortnightly workers compensation in relation to your spouse's death?  Yes  No

My relationship with the member was:

 Married  Separated  Divorced  De facto  Dependant**Dependant** of a member means:

- that member's spouse or child
- any person with whom, in the opinion of the Trustee, the Member as at the relevant date (which in the case of a deceased person is the time of death) has an interdependency relationship, and
- any person whom the Trustee may in exercise of its absolute discretion determine to be dependent either wholly or partly on that member at the time of the happening of the event in respect of which the Trustee makes the determination.

Details of any dependent children can be provided over the page.

### Payment details

Only applicable if paying to a spouse. Payments to the estate of a deceased member are made by cheque.

Name of financial institution

Branch

Account name (account holder name)

BSB number (compulsory)

 - 

Account number

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

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Details of dependent children (if applicable)

Surname	Given name	Date of birth

\*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.

### Part B. Details of executor/administrator of the Estate

Please complete ONLY if there is no surviving spouse and provide copies of documentary evidence supporting your appointment as executor/administrator.

Name \_\_\_\_\_

Contact address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

### Part C. Other evidence (must be provided before payment can be made)

- Certified copies\* of:
  - Death certificate
  - Legal marriage certificate, issued under the *Births, Deaths and Marriages Act 1996* (if applicable), or
  - 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 (if applicable). The certificate must be issued at or after the member's date of death.
- Proof of identity documents.

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## 3. Statutory 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 is 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 \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature **X** \_\_\_\_\_  
(Signature of declarant)

before me **X** \*\* \_\_\_\_\_  
(Signature of witness)

Name of witness \_\_\_\_\_

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.

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