

# APPLICATION FOR PAYMENT IN RELATION TO A DECEASED INVESTOR



**SUPER SA**  
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## 1. Deceased Investor Details

### Account ID

Mr  Ms  Miss  Mrs  Dr  Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

## 2. Details of claimant

Please complete either **Part A** or **Part B** (over the page) of question 2

The Super SA Flexible Rollover Product is established under an Act of State Parliament, the *Southern State Superannuation Act 2009* (the Act). The Act and Regulations provide that a deceased investor's entitlement must be paid to the investor's spouse/putative spouse<sup>1</sup> if a spouse/putative spouse survives the deceased investor. If there is no surviving spouse/putative spouse, payment will be made to the deceased investor's Estate.

If the deceased investor has nominated a legal personal representative with Super SA then the benefit will be paid to the deceased investor's Estate and distributed according to their Will. A legal personal representative is the person appointed as the executor or administrator of the deceased investor, following their death.

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

### A) Details of spouse (if applicable)

A deceased investor'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.

Surname

Given name

Previous family name (widows only)

Contact address

Postcode

Telephone

Date of birth / / Sex  Female  Male

Relationship with deceased

Married  Separated  Divorced  Putative (including same sex partner)<sup>1</sup>

<sup>1</sup> A person is the putative spouse of a member if the person and the member had been cohabiting as defacto spouses and:

- had been cohabiting continuously for the preceding three years, or for a total of not less than three out of the four preceding years, or
- a child of whom both persons are the parents has been born.

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

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.

### Contact Us

#### In person:

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

**Postal:** GPO Box 48, Adelaide, SA 5001

**Call:** 1300 369 315

**Email:** supersa@sa.gov.au

**Website:** www.supersa.sa.gov.au



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contributing to your future**Please complete all the details on this form in BLOCK LETTERS using a BLACK PEN and return the signed original to Super SA.****B) Details of executor/administrator of the Estate**Name  
\_\_\_\_\_Contact address  
\_\_\_\_\_  
\_\_\_\_\_Postcode  
\_\_\_\_\_Telephone  
\_\_\_\_\_**3. Death by accidental injury**Was the death caused by accidental injury?  Yes  NoIf yes, please provide details below (include cause, date, time and place)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**4. Membership of other schemes**

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

Triple S  Yes  NoSuper SA Income Stream  Yes  NoLump Sum Scheme  Yes  NoPension Scheme  Yes  NoAnother SA public sector employment-related super scheme to which  
the deceased investor and their employer contributed?  Yes  NoIf yes, please state the name of scheme  
\_\_\_\_\_  
\_\_\_\_\_**5. Other evidence** (Must be provided before payment can be made) Certified copy<sup>2</sup> of the Death certificate Certified copies<sup>2</sup> of the following documents, if applicable

- Legal marriage certificate, issued under the *Births, Deaths and Marriages Act 1996*
- 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.

 Statutory declarations supporting putative spouse status (if applicable. Note: this is not required for those who have evidence of a Registered Relationship as listed above), forms available from Super SA.

- Statutory declaration by applicant
- Statutory declaration by independent person

 Proof of identity documents Certified copy<sup>2</sup> of the Will Grant of probate OR Letters of administration (whichever is applicable)

<sup>2</sup> 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. Documents must be certified within the last six months.

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## 6. Payment options

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

- 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* fact sheet attached.)

### Important

If you wish to nominate a 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.

### Electronic transfer of funds

Complete this section if you wish to have all or part of your entitlement paid directly to you via electronic funds transfer.

#### Complete the following:

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.

- I am the spouse/putative spouse of the deceased member and wish to roll over my entitlement<sup>1</sup> into:
- the Super SA Income Stream (min \$30,000). Please also complete an *Application to Purchase* form, available in the Income Stream PDS.
  - another income stream account

Name of rollover income stream fund \_\_\_\_\_

New policy/member number \_\_\_\_\_

Rollover income stream fund ABN \_\_\_\_\_

Rollover income stream fund USI \_\_\_\_\_

#### If the income stream fund has no USI then please provide the following information:

Cheques to be made payable to \_\_\_\_\_

Postal address of rollover income stream fund \_\_\_\_\_

Postcode \_\_\_\_\_

<sup>1</sup> If you choose to roll over to a Super SA Income Stream or another income stream account, the amount rolled over is subject to caps.

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## 7. Statutory Declaration

I,

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(Full name of person making the declaration)

of

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(Address of person making the declaration)

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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 \_\_\_\_\_

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

**Signature: ✕**

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(Signature of declarant)

before me<sup>3</sup> ✕

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(Signature of witness)

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

Address of witness \_\_\_\_\_

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Postcode

Title or qualification of witness<sup>3</sup> \_\_\_\_\_

<sup>3</sup> A witness must be one of the following: a Justice of the Peace, Commissioner for taking Affidavits, a Notary Public, a Proclaimed Police Officer.