

Death Benefit Claim Form

We understand that if you’ve lost a loved one, this may be a difficult time for you. Our aim is to make the death benefit claim process as smooth as possible.

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Guide to Death Benefits and Completing the Claim Form

Making a claim can seem complicated – but we’re here to help. This document will provide information you need about death benefit claims and how to submit a claim. If you need any additional support, please visit our website or call us on 13 13 36.

What’s included in a death benefit?

A death benefit is made up of the member’s:

- account balance
- any linked insurance benefit payable at the time of the member’s death. If the member had Life Insurance in place at the time they passed away, we’ll lodge the claim with the insurer; if approved, the insurance benefit will be included in the death benefit.

Who’ll receive the death benefit?

Superannuation doesn’t automatically form part of a member’s estate when they die. Instead, death benefits are paid according to a member’s valid binding nomination, or if no valid nomination exists, to the member’s estate or an eligible beneficiary/ies.

Type of nomination on account	Who will receive the death benefit?
Binding nomination	If a valid non-lapsing binding nomination exists, the death benefit must generally be paid to the nominated beneficiary/ies. If the nomination wasn’t valid at the time the member passed away, the process for where no nomination exists will be followed.

Type of nomination on account	Who will receive the death benefit?
Reversionary beneficiary nomination	If the member has a valid reversionary beneficiary nomination on file, the nominated person automatically becomes entitled to receive the member's pension.
No nomination	If no nomination exists, we will follow our death claim process to identify to whom the benefit must be paid, which may be the legal personal representatives (estate), one or more dependants or others.

What's the process for making a claim?

1 Form and documents submission

Please complete the claim form as fully and accurately as possible. This will assist us to process your claim as quickly as possible and avoid unnecessary delays. Please note that some documents may need to be certified and witnessed, and that the trustee may need to follow up and seek further information or documentation.

2 Converting investments to cash

Unless the death benefit is a reversion of the pension, we'll switch investments in the account to a cash-based investment option as soon as we're notified that the member has passed away. This ensures the value of the death benefit remains protected from potentially negative returns while we finalise the claim.

3 Insurer decision (if applicable)

If the member held Life Insurance when they passed away, our insurer will review the application independently and decide whether or not an insured benefit is payable. Our insurer may ask for further documentation before finalising the claim. Any insurance benefits will form part of the overall death benefit amount which is generally paid once the insurer has made a decision on the claim. However, payment of the account balance can be made early if you are experiencing financial difficulties.

4 Decision on death benefit beneficiary

In the absence of a valid binding nomination, the Trustee must generally pay the death benefit to the Legal Personal Representative (LPR, also referred to as the estate) of the deceased member (if there is one). An LPR is generally the person to whom probate of a will or letters of administration is granted. If there is no LPR (because the deceased did not leave a will, or the next of kin doesn't want or need to obtain probate of the will or letters of administration), then the death benefit may be paid to any other person/s who the Trustee considers appropriate.

In determining payment of the death benefit to any other person/s, the Trustee must follow the superannuation law. This means we must only pay the death benefit to the deceased member's estate or dependant/s (e.g. spouse, child or

What is a dependant, financial dependant and interdependent?

A dependant is:

- 1 a spouse of the member, including a legally married spouse, de facto spouse (including same sex partner), separated but not divorced spouse
- 2 a child including biological child, adopted child and stepchild (whose natural parent was still in a spousal relationship with the deceased at the date of death)
- 3 someone who, at the time of the member's death, relied on the member for financial support (financial dependant)
- 4 a person who was in an **interdependency relationship** with the deceased at the date of death.

An interdependency relationship exists where two persons satisfy **ALL** of the following:

- 1 they have a close personal relationship; and
- 2 they live together, and
- 3 one or each of them provides the other with financial support, and
- 4 one or each of them provides the other with domestic support and personal care.

An interdependency relationship also exists where there is a close personal relationship and either or both suffer from a physical, intellectual or psychiatric disability and, because of that disability, do not meet the other requirements.

An interdependency relationship does not generally exist with a normal parent and child relationship or between housemates.

interdependent). We can only pay the death benefit to a non-dependant if we cannot identify a dependant of the deceased member, after making reasonable enquiries.

In making its determination as to how and to whom to pay, the Trustee takes into account the purpose of superannuation, which, in the event of death, is to help support the member's dependants. The Trustee also gives consideration to what might have occurred had the deceased member not died, and whether there is anyone who had an expectation of ongoing financial support or a right to look to the deceased member for ongoing financial support.

If there are multiple potential beneficiaries, the Trustee may notify them as to how and to whom it intends to pay the benefit and give them an opportunity to object and request a different distribution.

How is the death benefit paid?

Apart from pensions with an eligible reversionary beneficiary, death benefits are normally paid in lump sum form. However, certain dependants are eligible to take the benefit in pension form.

Reversionary Pension: If the member has a valid reversionary beneficiary nomination on file, this person automatically becomes entitled to receive continued instalments of the member's pension. However you may convert the pension to a lump sum if you wish.

You can check if a reversionary nomination is held on file by referring to the member's statement.

Optional Pension: A death benefit pension is a series of regular payments taken as an income stream. This can only be set-up by:

- a current spouse (married or de facto)
- any person(s) financially dependent on (or in an interdependency relationship¹ with) the deceased (other than a child), or
- the deceased's child if they:
 - are under age 18²
 - are under age 25 and financially dependent on the deceased, or
 - have a certain type of disability.

Pension products can be complicated and have implications for Centrelink benefits. As such, it is recommended financial advice be sought before deciding on a pension.

Lump sum: A lump sum payment is a one-time payment of the member's death benefit. Death benefits are generally paid as a lump sum, and in particular payments to a deceased member's estate (legal personal representative) are required to be paid in lump sum and cannot be paid in pension form.

How long does it take?

Each claim is unique and the time taken to process the claim will vary. If there is a binding nomination on the account and all required documentation (including the death certificate showing cause of death, if available) is provided with the application, the claim can generally be finalised within weeks. Without a binding nomination, most claims are finalised within a few months. Unfortunately, more complex claims can take longer. We'll ensure that you're kept up to date through each step of the process.

It's important to note that we're unable to pay a death benefit until all of the information that's been requested by the Trustee and/or the insurer (if relevant) has been provided.

Will the death benefit be taxed?

A death benefit paid directly to a beneficiary will usually be net of any tax due. The Legal Personal Representative (i.e. the person responsible for administering the estate of the deceased member), must account for any tax due on distribution of the death benefit via the estate.

For a more comprehensive explanation of tax on 'Super Death Benefits' please visit the ATO website.

¹ See 'What is a dependant, financial dependant and interdependent' for meaning

² Death benefits paid as a pension to this type of child beneficiary will usually need to be commuted to a lump sum by the time the beneficiary turns age 25.

Death Benefit Claim Form

Completing this death benefit claim form fully and accurately will assist us to process your claim as quickly as possible and avoid unnecessary delays. Please be aware that the Trustee may need to follow up and seek further information or documentation.

If you have any questions about how to fill in this form, please refer to the guide or call us on 13 13 36. For information about how we use and handle your information please refer to our privacy policy statement, which can be accessed here cfs.com.au/privacy.

Prior to submitting this form, please ensure you have filled out all the necessary sections and signed and dated the declaration. All fields marked with an asterisk (*) are mandatory for the completion of this request.

How do you claim a death benefit?

Step 1: Complete this form in full (page 4 – 12)

- 1 Part A – Details about the deceased member
- 2 Part B – Payment instructions
- 3 Part C – Proof of identify

Step 2: Compile required documentation in Part D (page 12)

Step 3: Send us your completed form and supporting documents

Return your form and documents to us online or via post:

- 1 Email a scanned copy to SPDEClaims@cfs.com.au
- 2 Send via reply paid post:
Colonial First State
Reply Paid 27
Sydney NSW 2001

PART A – DETAILS ABOUT THE DECEASED MEMBER

Section 1: Details of deceased member (this section must always be completed)

Full name:

Date of death:

Status at the date of death:

☐ Married ☐ De facto ☐ Separated ☐ Divorced ☐ Single ☐ Widowed

Last known residential address:

Unit number

Street number

Street name

Suburb

State

Postcode

Country

At the date of death the Member was:

☐ Living alone ☐ Living in residential care

☐ Living with the following person(s):

Account Number(s) (if known):

Section 2: Details of person completing this form (this section must always be completed)

Full name:

Mobile number:

Email address:

Relationship to deceased:

Please note: all future communications about the death benefit claim will be made through email, unless specified otherwise.

Section 3: Details of the estate

This section must always be completed, unless a binding or reversionary nomination exists. This can be found on the member's statement.

Completion of this section will help the trustee determine to whom the death benefit must or should be paid. This can depend on whether probate of the deceased's will or letters of administration have been obtained. Please note that probate or letters of administration aren't always required to either administer an estate or be paid a death benefit.

1 What is the estimated total value of the member's estate?

2 Does the member have any other superannuation or insurance benefits payable on death?

☐ Yes If **'Yes'**, please provide details of the amount \$ payable to

☐ No

3 Did the member leave a Will:

☐ Yes (If **'Yes'**, please provide a certified copy)

☐ No (If **'No'**, skip to question 5)

4 Has Probate been obtained?

☐ Yes (If **'Yes'**, please provide a certified copy)

☐ No

5 Have Letters of Administration been obtained?

☐ Yes (If **'Yes'**, please provide a certified copy)

☐ No

6 If the answer to either 4 or 5 is 'No', has Probate or Letters of Administration been applied for?

☐ Yes (If **'Yes'**, please provide a certified copy when available)

☐ No (If **'No'**, please complete the Indemnity and Request to Waive Probate Statutory Declaration (found in the Appendix on page 13)).

Section 4: Details of member's domestic and family circumstances

This section must always be completed, unless probate/letters of administration have been obtained.

Please provide details of: binding nominee/reversionary beneficiary OR in the absence of a will or letters of administration – all the member's immediate family including married or de fact spouse, children and step-children, financial dependant or interdependant. See page 2 'What is a dependant, financial dependant and interdependent?' for guidance. If there are no dependants, provide details of all living immediate next of kin or person claiming the benefit.

If there is not enough room please copy this page and attach to this form.

Family Member/Other person 1

Full name:

Date of birth:

dd/mm/yyyy

Residential address:

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Mobile number:

Email address:

Please note: all future communications about the death benefit claim will be made through email

Relationship to the deceased:

If a Child of the deceased:

☐

Natural

☐

Step

☐

Adopted

Commencement of relationship:

dd/mm/yyyy

Please supply evidence of the relationship. For example a marriage certificate for spouse; or in the case of de facto relationships a joint bank account statement, utilities bill, tenancy agreement, etc; or birth certificate for children.

At the time of the member's death, were they financially dependent on, or in an interdependency relationship with, member?

☐

Yes

☐

No

If 'Yes' to the above, provide further details in 'Additional Information' on page 8. Please note we may be in contact to request further information.

Family Member/Other person 2

Full name: Date of birth:

dd/mm/yyyy

Residential address:

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Mobile number: Email address:

Please note: all future communications about the death benefit claim will be made through email

Relationship to the deceased:

If a Child of the deceased:

☐

Natural

☐

Step

☐

Adopted

Commencement of relationship:

dd/mm/yyyy

Please supply evidence of the relationship. For example a marriage certificate for spouse; or in the case of de facto relationships a joint bank account statement, utilities bill, tenancy agreement, etc; or birth certificate for children.

At the time of the member's death, were they financially dependent on or in an Interdependency Relationship with the member?

☐

Yes

☐

No

If 'Yes' to the above, provide further details in 'Additional Information' on page 8. Please note we may be in contact to request further information.

Family Member/Other person 3

Full name:

Date of birth:

Residential address:

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Mobile number:

Email address:

Please note: all future communications about the death benefit claim will be made through email

Relationship to the deceased:

If a Child of the deceased:

☐

Natural

☐

Step

☐

Adopted

Commencement of relationship:

Please supply evidence of the relationship. For example a marriage certificate for spouse; or in the case of de facto relationships a joint bank account statement, utilities bill, tenancy agreement, etc; or birth certificate for children.

At the time of the member's death, were they financially dependent on or in an Interdependency Relationship with the member?

☐

Yes

☐

No

If **'Yes'** to the above, provide further details in 'Additional Information' on page 8. Please note we may be in contact to request further information.

Family Member/Other person 4

Full name:

Date of birth:

Residential address:

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Mobile number:

Email address:

Please note: all future communications about the death benefit claim will be made through email

Relationship to the deceased:

If a Child of the deceased:

☐

Natural

☐

Step

☐

Adopted

Commencement of relationship:

Please supply evidence of the relationship. For example a marriage certificate for spouse; or in the case of de facto relationships a joint bank account statement, utilities bill, tenancy agreement, etc; or birth certificate for children.

At the time of the member's death, were they financially dependent on or in an Interdependency Relationship with the member?

☐

Yes

☐

No

If **'Yes'** to the above, provide further details in 'Additional Information' on page 8. Please note we may be in contact to request further information.

Family Member/Other person 5

Full name:

Date of birth:

dd/mm/yyyy

Residential address:

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Mobile number:

Email address:

Please note: all future communications about the death benefit claim will be made through email

Relationship to the deceased:

If a Child of the deceased:

☐

Natural

☐

Step

☐

Adopted

Commencement of relationship:

Please supply evidence of the relationship. For example a marriage certificate for spouse; or in the case of de facto relationships a joint bank account statement, utilities bill, tenancy agreement, etc; or birth certificate for children.

At the time of the member's death, were they financially dependent on or in an Interdependency Relationship with the member?

☐

Yes

☐

No

If **'Yes'** to the above, provide further details in 'Additional Information' on page 8. Please note we may be in contact to request further information.

Additional Information – Financial Dependant

If anyone was **financially dependent** on the deceased immediately before their death, please provide as much detail as you can of the extent of that financial dependence, e.g. payment of rent/mortgage, living expenses, utility bills, the frequency of such payments and provide copies of any available evidence of such payments, e.g. bank statements.

If there is not enough room, please add information in a separate document and attach to this form (and note that the statutory declaration at the end of this form also applies to the separate page).

Additional Information – Interdependant

Each person who had an **interdependency relationship** with the deceased has to complete the following. If there are multiple interdependants, please photocopy the page as many times as needed and attach to this form (and note that the statutory declaration at the end of this form also applies to the separate page).

Full name:

At the time of the member's death:

a Were they living with the member? ☐ Yes ☐ No If **Yes**, for how long?

b Did one or both of them provide the other with financial support? ☐ Yes ☐ No

c Did one or both of them provide the other with domestic support and personal care? ☐ Yes ☐ No

d Did one or both of them suffer from a physical, intellectual or psychiatric disability? ☐ Yes ☐ No

Please provide as much supporting detail as possible.

Section 5: Statutory Declaration

To the best of my knowledge I confirm this form contains details of all dependants of the deceased including any married or de facto spouse, adopted and step children, financial dependants and interdependents (see page 2 of the Death Benefit Claim Form for meaning).

I do solemnly and sincerely declare that the information provided by me in the application for a death benefit claim is true and correct. I make this solemn declaration by virtue of the Statutory Declarations Act 1959. 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 contained are true in every particular.

Signature of person making declaration
(Please note digital signatures will not be accepted)

Declared at

Date

Signature of authorised witness
(Please note digital signatures will not be accepted)

Name of authorised witness

Capacity of authorised witness (see list below)

Address of witness

This form must be witnessed (signed before) an authorised person.

Authorised persons who may witness you signing this form include:

- Chiropractor, dentist, solicitor, medical practitioner, nurse, patent attorney, pharmacist, physiotherapist, psychologist, veterinary surgeon, Justice of the Peace, police officer, magistrate, notary public,
- Your financial adviser (provided they have two or more years of continuous service),
- Your accountant (provided they hold a current membership to a professional accounting body),
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service,
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).

For a full list of persons authorised to witness a statutory declaration, visit the Attorney-General's Department website at www.ag.gov.au/legal-system/statutory-declarations/who-can-witness-your-statutory-declaration

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.

PART B – PAYMENT INSTRUCTIONS

Death benefits may be paid in different forms depending on the beneficiary's relationship to the deceased. Please fill in the details in the relevant section below. This information will be used to process the payment if you are deemed eligible to receive the benefit.

If multiple people are claiming a death benefit, please print or copy this page as many times as needed and attach to this form.

☐ 1 Lump sum payment

Unless we are making payment to an estate we do not make payments to solicitor's trust accounts.

☐ **Option 1** – Please make the lump sum payment to the following bank account:

Account name

BSB

Account number

Note: if the lump sum payment is being made to the estate, all executors need to provide their signature.

☐ **Option 2** – Please send a cheque to the following address:

Unit number

Street number

Street name

Suburb

State

Postcode

Country (if not Australia)

Death benefits payable to a spouse, minor child, financial dependant or an interdependent (see page 2 for meaning) are tax free. But we must deduct tax from death benefits payable to other beneficiaries. Please provide your tax file number below if you are expecting to receive this lump sum payment and are NOT a spouse, minor child, financial dependant or an interdependent.

Tax file number

Please note: You're not obliged to disclose your Tax File Number (TFN), but there may be tax consequences including additional tax on a death benefit payment if it has not been provided. Refer to the Product Disclosure Statement (PDS) (cfs.com.au/pds) for information on the implications of not providing your TFN.

☐ 2 Open a new death benefit pension for valid individuals (see page 3 for eligibility)

Please complete and attach the Pension Application Form for the FirstChoice Wholesale Personal Super and Pension product, accessible through the [CFS website](https://cfs.com.au/pds) (cfs.com.au/pds), located at the back of the PDS, or call us on 13 13 36 and we can send a copy to you.

Note: If you would prefer to rollover the benefit to another fund to provide a pension, please call us on 13 13 36 and we will advise the requirements.

☐ 3 Reversionary Pensioner only (see page 3 for meaning)

☐ Please convert pension to lump sum and pay to the account detailed below.

☐ Please make the future pension payments to the following bank account:

Account name

BSB

Account number

☐ Complete and provide a [Tax File Number declaration](#), found here: www.ato.gov.au/forms/tfn-declaration if the reversionary beneficiary is under 60.

Payment instructions acknowledgement

I acknowledge that the Trustee will act on the payment instructions provided and will not be responsible if the details provided are incorrect.

Name

Signature of primary claimant

(Please note digital signatures will not be accepted)

Date:

dd/mm/yyyy

PART C – PROVE YOUR IDENTITY

Select **ONE** option to prove your identity. Legislation requires us to confirm the identity of people to whom we are paying benefits (generally beneficiaries). In the case of payment to an estate, we require proof of identity of the Legal Personal Representative.

☐ **Option 1 – Provide certified paper copies of proof of identity documents**

Please ensure you provide photocopies of your original identification documents, and that they are correctly certified on each page as a true copy of the original document.

Part 1 – Acceptable primary photographic ID documents

Select ONE valid option from this section only

- ☐ Australian State / Territory driver's licence containing a photograph of the person
- ☐ Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- ☐ Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- ☐ Foreign passport or similar travel document containing a photograph and the signature of the person*

Part 2 – Acceptable secondary ID documents – should only be completed if the individual does not own a document from Part 1

Select ONE valid option from this section

- ☐ Australian birth certificate
- ☐ Australian citizenship certificate
- ☐ Pension card issued by Department of Human Services (previously known as Centrelink)

AND ONE valid option from this section

- ☐ A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- ☐ A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. **Block out the TFN before scanning, copying or storing this document.**
- ☐ A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- ☐ If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

Part 3 – Acceptable foreign photographic ID documents – should only be completed if the individual does not own a document from

Select ONE valid option from this section only

- ☐ Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
- ☐ National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

☐ **Option 2 – Prove your identity electronically**

If multiple people need to prove their identity, please print or copy this page as many times as needed and attach to this form.

You need to provide the below information and will also need to send us a photo ID. Please refer to the CFS website page [How to Submit Your Photo ID](#) for instructions on how to do this.

Full name as appears on your driver's licence

Licence number

Licence card number

State

Expiry date

OR

Your Australian passport number

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au

Your signature

(Please note digital signatures will not be accepted)

Date:

PART D – DOCUMENTS TO PROVIDE

This section provides a comprehensive list of all documents to provide with your claim. The documents we require will differ based on your situation and are in addition to this claim form.

Refer to instructions below for how to certify documents.

Personal/Identity Documents

☐ Certified copy of death certificate showing cause of death (must always be provided)

One of the following documents will need to be provided with your claim. These must be certified if electronic verification has not been selected in Part C of this form.

☐ Photo ID for legal personal representative (only if the death benefit is to be paid to the estate)

☐ Photo ID of the beneficiary/ies (if the death benefit is not paid to the estate)

Estate Documents

Unless there's a reversionary nomination, please provide:

☐ Certified copy of Will (if any) together with a certified copy of Probate or Letters of Administration (if any); **OR**

☐ Indemnity and Request to Waive Probate Statutory Declaration (required where Probate or Letters of Administration are not being obtained, refer to page 13)

Insurance Documents

Only provide these documents if the member had insurance. Details for insurance cover can be found on the member's superannuation statement.

☐ Certified copy of proof of age for the deceased (e.g. birth certificate, driver's licence or passport)

☐ Authorisation to allow the insurer to obtain information from third parties (called Authority to release information form), available on the [website](http://www.cfs.com.au/lifeinsuranceclaimauthority) at www.cfs.com.au/lifeinsuranceclaimauthority

Payment Documents

☐ Payment instructions

Additional requirements

☐ New Pension application (if applicable)

☐ Completed Tax File Number declaration (Reversionary only)

Instructions for Certification

Some documents will need to be certified as 'A true copy of the original document', and signed and dated on every page by an Authorised Person who states the position they hold which allows them to certify the document.

Who can certify documents?

In Australia, the following people can certify your documents:

- Chiropractor, dentist, solicitor, medical practitioner, nurse, patent attorney, pharmacist, physiotherapist, psychologist, veterinary surgeon, Justice of the Peace, police officer, magistrate, notary public
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)

What should your certified document/s look like?

After the certifier is satisfied the copy is a true copy, they will:

- Write or stamp 'True copy of the original document' on **every page**
- Sign and date the document
- Write their name and qualification

CHECKLIST

Before you post or email this form please use the following checklist to ensure you've completed all of the necessary sections and all required information has been supplied.

Note: If any required information isn't provided it may delay the claim being processed.

☐ All relevant sections of this death benefit claim form have been completed in full (pages 4–12)

☐ I have provided required proof of identity as outlined in Part C (page 11)

☐ I have provided all required supporting documentation as outlined in Part D (with all relevant documents certified)

☐ I have completed and signed the statutory declaration in Part A Section 5, which has also been signed and dated by an authorised person.

APPENDIX

Indemnity and Request to Waive Probate Statutory Declaration

This declaration is required where Probate or Letters of Administration are not being obtained and must be signed by the person entitled to apply for Probate or Letters of Administration.

This declaration is NOT required if there is a reversionary or a binding nomination to a dependent.

To Avanteos Investments Limited (AIL)

I of
Full name of declarant *Address*

do solemnly and sincerely declare that:

1 I am the Deceased's
Please insert relationship to Deceased

2 I do not wish to incur the expense entailed in an application for Probate/Letters of Administration considering the value of the Estate of the late of
Name of the Deceased

who died on
Address of the Deceased

the date of

3 I/we believe that the Will dated is the last Will of the Deceased OR the Deceased did not leave a Will.

4 All claims against the Estate have been, or will be, met by the Estate.

5 In consideration of the payment to me, on behalf of the Deceased's estate (or to the estate), of the balance of the accounts held by AIL in respect of the Deceased, I agree to indemnify and keep indemnified AIL, its officers and agents against any loss, damages, or cost whatsoever which it may incur in consequence of any matter arising from my dealings with the said accounts.

AND I MAKE this solemn declaration by virtue of the Statutory Declarations Act 1959. 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 person making declaration
(Please note digital signatures will not be accepted)

Declared at

Date

Signature of authorised witness
(Please note digital signatures will not be accepted)

Name of authorised witness

Capacity of authorised witness

Address of witness