Death Benefit Form

mobiSuper

Use this form if you want to apply for payment of a death benefit. If you require more room to complete the form, please copy or print additional copies of this form.

Please use a dark pen and CAPITAL letters (except for your email address), print it and send it to us. Use (X) to mark boxes. Forms are located on our website at **mobisuper.com.au/documents-and-forms/**. If you have any questions, call us on **1300 222 622.**

STEP 1: The claimant's details

Title: **Last name:**

Given name(s):

Residential Address :

Suburb/Town: **State/Territory:** **Postcode:**

Tax file number: **Male** **Female** **Mobile Number:**

Relationship to deceased (please specify)

- ☐ Spouse / de facto
- ☐ Child (incl. adult or adopted child)
- ☐ Financial dependant
- ☐ Interdependency relationship
- ☐ Legal personal representative

STEP 2: The deceased member's details

mobiSuper member number **Date of birth (DD/MM/YYYY) :** **Date of death (DD/MM/YYYY) :**

Title: **Last name:**

Given name(s):

Residential Address :

Suburb/Town: **State/Territory:** **Postcode:**

STEP 3: The deceased member's family details

Relationship 1

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

Relationship 2

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

Relationship 3

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

STEP 4: Those who consider they are financial dependants or interdependent of the deceased

Relationship 1

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

Relationship 2

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

Relationship 3

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

STEP 5: Other people who lived with the deceased

Relationship 1

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

Relationship 2

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

Relationship 3

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

STEP 6: The deceased person's Will

Include certified copy of the deceased member's Will. If no Will, do you propose to apply for Letters of Administration?

☐ Yes ☐ No

For details of document certification, refer to the factsheet on our website "Certified ID Factsheet"

Executor 1

Title: Last name:

Given name(s):

Residential Address :

Suburb/Town: State/Territory: Postcode:

Were they financially dependent on the deceased? Age: Mobile Number:

☐ Yes ☐ No

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

Executor 2

Title: Last name:

Given name(s):

Residential Address :

Suburb/Town: State/Territory: Postcode:

Were they financially dependent on the deceased? Age: Mobile Number:

☐ Yes ☐ No

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

Executor 3

Title:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Were they financially dependent on the deceased?

☐ Yes ☐ No

Age:

Mobile Number:

Relationship to deceased (please specify)

☐ Spouse / de facto ☐ Child (incl. adult or adopted child) ☐ Financial dependant ☐ Interdependency relationship ☐ Legal personal representative

Step 7: Request to be considered in the payment of a death benefit

Title:

Date of birth:

Male

Female

Daytime contact number:

Last name:

Given name(s):

Residential Address :

Suburb/Town:

State/Territory:

Postcode:

Tax file number:

Mobile Number:

Your relationship to the deceased:

In order to prove the bona fides of a de facto relationship with the deceased, a claimant should attach two statutory declarations completed by two family members or family friends verifying the nature and duration of the relationship and stating how the relationship meets the criteria defined in Notes.

You are not required to complete this section if you were the spouse/de facto or legal guardian of the minor child/children at the deceased's date of death.

- Were you financially dependent on the deceased at the time of his/her death? Yes No
- Were you in an interdependency relationship with the deceased at the time of the deceased's date of death? If you answer Yes to either of these questions, please provide specific details on how you were financially dependent or interdependent on the deceased at the date of their death. Yes No

For consideration to be given to an interdependency relationship, you must provide details of the circumstances of the relationship, including (where relevant)

- the duration of the relationship;
- the reputation and public aspects of the relationship;
- whether or not a sexual relationship existed;
- the degree of emotional support;
- the ownership, use or acquisition of property;
- the extent to which the relationship was one of mere convenience;
- the degree of mutual commitment to a shared life;
- the care and support of children;

any evidence suggesting that the parties intended the relationship to be permanent (i.e. mortgage contracts, rental agreements, etc.)

- In addition to the above circumstances, the existence of a Statutory Declaration signed by one of the people confirming the existence of an interdependent relationship with the other person can also be taken into consideration. This Statutory Declaration can be made by the surviving party, or could have been made by the deceased member prior to death. Please provide further details.

Step 8: Privacy

The personal information you provide on this form is collected by and held for **mobiSuper** by the fund administrator, DDH Graham Limited, in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth), for the purpose of administering your account and providing you with services associated with your fund membership.

For further information about how your personal information is handled, please call us on **1300 222 622** or visit **https://www.mobisuper.com.au/Privacy** to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

Step 9: Statutory declaration (The Claimant)

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 form are true in every particular.

Declared at:

This **day of** **in the year.**

Signature of claimant.

Date of birth (DD/MM/YYYY) :

Before me (print name of witness in BLOCK LETTERS):

Signature of witness:

Date of birth (DD/MM/YYYY) :

Qualification of witness

Residential Address :

Suburb/Town: **State/Territory:** **Postcode:**

Step 10: Where to send your completed form

Return the completed form to **PO Box 6537, Rouse Hill NSW 2155**. If you have any questions, please call us on **1300 222 622.**

Notes

PROOF OF IDENTITY

We require a certified copy of your proof of identity (POI) documents before we can pay your benefit. If you have already provided a certified copy of your POI document(s), you do not have to provide it again, as long as your name or residential address have not changed. If you have already provided certified copies of your POI documents but either your name or residential address has since changed, you must provide evidence of the change(s) as follows:

Change of name

If you have changed your name, you must provide a certified copy of one of the following name change documents:

- marriage certificate or certificate of registration (if you are on the relationship register) issued by the Births, Deaths and Marriages Registration Office (ceremonial certificates cannot be accepted)
- deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.

If you have reverted to your maiden name on divorce, we will require your divorce certificate and your marriage certificate showing your original maiden name.

Change of residential address

If you have changed your residential address, you must provide a certified copy of a POI document showing your new residential address. If it is more convenient, you can provide the original (rather than a certified copy) of a recent notice issued by your local council or a recent utilities bill addressed to you at your current residential address.

POWER OF ATTORNEY

If you are requesting benefits on behalf of the member as the holder of their Power of Attorney, you must provide certified copies of POI documents for yourself and the member

We may request updated and/or additional certified POI documents at any time if we consider this is necessary for the security of our members' benefits.

ACCEPTABLE DOCUMENTS AND CERTIFICATION

The primary and secondary documents we accept are shown below. The people who can certify these documents are shown on page 15.

Either:

A certified copy of one of the following documents:

- current Australian state/territory driver's licence with your photograph
- Australian passport
- current card issued under an Australian state or territory law for the purpose of proving your age and containing your photograph
- current foreign passport or similar travel document containing your photograph and signature*.

OR

One certified document from this list:

- an Australian birth certificate or extract issued by a state or territory
- a citizenship certificate issued by the Commonwealth
- a current Centrelink pension card that entitles you to receive financial benefits

And:

One certified document from this list:

- a notice issued by the ATO within the last 12 months that shows your name and current residential address and records an amount payable to or by you e.g. your last tax return
- a notice issued by a local council or utilities provider in the last three months showing the provision of services to you and your current residential address e.g. rates notice, electricity or water bill
- a notice issued by the Commonwealth or a state or territory government within the last 12 months showing your name and current residential address and the provision of financial benefits to you e.g. Centrelink letter.

Please Note: Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of original POI documents (including any change of name documents) need to be certified as true copies by an authorised person with the appropriate Australian qualifications or registration (see below) who cannot be the owner or addressee of the document. The authorised person must sight the original and the copy to ensure both documents are identical, then make sure all pages have been certified by writing 'I certify that this document is a true copy of the original', followed by their signature, printed name, qualification (e.g. justice of the peace, Australia Post employee, etc.), registration number (if applicable) and date.

The following is a non exhaustive list of people who can certify copies of original documents:

- police officer
- Australia Post employee in charge of an office providing postal services (charges may apply)
- Officer or an authorised representative of an Australian Financial Services Licensee (AFSL) with two or more years continuous service
- medical practitioner
- legal practitioner
- pharmacist
- justice of the peace
- magistrate
- nurse
- optometrist
- dentist
- chiropractor
- physiotherapist
- psychologist
- veterinary surgeon
- full-time teacher employed at a school or tertiary institution

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