



## Death claim form - Part 1

Issued 17 February 2014

Suncorp Portfolio Services Limited (Trustee)  
ABN 61 063 427 958, AFSL 237905, RSE L0002059

### Use this form to notify us of the death of a Suncorp Everyday Super account holder

If the deceased had life insurance under their Suncorp Everyday Super account, please ensure you complete Part 2 of this form.

#### Tips to help you complete this form

- Use a blue or black pen and write in CAPITAL letters
- Use an 'x' to mark answer boxes
- Complete all sections of the form and sign and date on the last page with a witness

#### Have any questions?

If you'd like help completing this form, or if you have any questions, just call us on 1800 191 517.

### Personal details of the Suncorp Everyday Super account holder

Suncorp Everyday Super account number

 (if known)

Title

Last name

Given name(s)

Date of birth

Date of death

Cause of death

Residential address – sorry we can't accept PO Boxes

Street name and number

Suburb / Town

State

Postcode

## Personal details of the person making the death claim

Title

Last name

Given name(s)

Relationship to the deceased

Residential address – sorry, we can't accept PO Boxes

Street name and number

Suburb/Town

State  Postcode

Daytime phone number  Alternative phone number

Email address

Postal address (if different from above)

Street name and number or PO Box number

Suburb/Town

State  Postcode

## Details of the estate

Was there a Will left?  Yes  No

If 'yes', please state the Executor(s)

Do the nominated Executor(s) intend to apply for Probate?  Yes  No

If 'yes', please name the applicant

If a Will was not left, are Letters of Administration being applied for?  Yes  No

If 'yes', please name the applicant

**Please note:** Where the death benefit exceeds \$50,000, the Trustee requires an original certified copy of Probate or Letters of Administration before considering paying the benefit to the late account holder's estate.

## Details of dependants – Spouse (legal or de-facto)

### Personal details

Last name

Given name(s)

Relationship

Commencement of relationship / /

### Residential address – sorry, we can't accept PO Boxes

Street name and number

Suburb/Town

State  Postcode

Daytime phone number    Alternative phone number

Email address

Postal address (if different from above)

Street name and number or PO Box number

Suburb/Town

State  Postcode

## Details of dependants – Child 1

### Personal details

Last name

Given name(s)

Date of birth<sup>1</sup> / /

Was the child financially dependent on the deceased at the time of death?<sup>2</sup>  Yes  No (Note: Children under 18 years of age are considered to be financially dependent)

### Residential address – sorry, we can't accept PO Boxes

Street name and number

Suburb/Town

State  Postcode

Daytime phone number    Alternative phone number

Email address

Postal address (if different from above)

Street name and number or PO Box number

Suburb/Town

State  Postcode

<sup>1</sup> If the guardian of any minor children (children under age 18) is not the spouse (legal or de-facto) identified under 'Spouse (legal or de-facto) details', please also provide the details of the guardian(s) later in this form

<sup>2</sup> Further information may be sought by the Trustee

## Details of dependants – Child 2

### Personal details

Last name

Given name(s)

Date of birth<sup>†</sup> / /

Was the child financially dependent on the deceased at the time of death?<sup>‡</sup>  Yes  No (Note: Children under 18 years of age are considered to be financially dependent)

Residential address – sorry, we can't accept PO Boxes

Same as Child 1 (or complete details below)

Street name and number

Suburb/Town

State  Postcode

Daytime phone number    Alternative phone number

Email address

Postal address (if different from above)

Street name and number or PO Box number

Suburb/Town

State  Postcode

<sup>†</sup> If the guardian of any minor children (children under age 18) is not the spouse (legal or de-facto) identified under 'Spouse (legal or de-facto) details', please also provide the details of the guardian(s) later in this form

<sup>‡</sup> Further information may be sought by the Trustee

## Details of dependants – Child 3

### Personal details

Last name

Given name(s)

Date of birth<sup>†</sup> / /

Was the child financially dependent on the deceased at the time of death?<sup>‡</sup>  Yes  No (Note: Children under 18 years of age are considered to be financially dependent)

Residential address – sorry, we can't accept PO Boxes

Same as Child 1 (or complete details below)

Street name and number

Suburb/Town

State  Postcode

Daytime phone number    Alternative phone number

Email address

Postal address (if different from above)

Street name and number or PO Box number

Suburb/Town

State  Postcode

<sup>†</sup> If the guardian of any minor children (children under age 18) is not the spouse (legal or de-facto) identified under 'Spouse (legal or de-facto) details', please also provide the details of the guardian(s) later in this form

<sup>‡</sup> Further information may be sought by the Trustee

## Details of dependants – Child 4

### Personal details

Last name

Given name(s)

Date of birth<sup>†</sup> / /

Was the child financially dependent on the deceased at the time of death?<sup>‡</sup>  Yes  No (Note: Children under 18 years of age are considered to be financially dependent)

Residential address – sorry, we can't accept PO Boxes

Same as Child 1 (or complete details below)

Street name and number

Suburb/Town

State  Postcode

Daytime phone number    Alternative phone number

Email address

Postal address (if different from above)

Street name and number or PO Box number

Suburb/Town

State  Postcode

<sup>†</sup> If the guardian of any minor children (children under age 18) is not the spouse (legal or de-facto) identified under 'Spouse (legal or de-facto) details', please also provide the details of the guardian(s) later in this form

<sup>‡</sup> Further information may be sought by the Trustee

## Details of dependants – Child 5

### Personal details

Last name

Given name(s)

Date of birth<sup>†</sup> / /

Was the child financially dependent on the deceased at the time of death?<sup>‡</sup>  Yes  No (Note: Children under 18 years of age are considered to be financially dependent)

Residential address – sorry, we can't accept PO Boxes

Same as Child 1 (or complete details below)

Street name and number

Suburb/Town

State  Postcode

Daytime phone number    Alternative phone number

Email address

Postal address (if different from above)

Street name and number or PO Box number

Suburb/Town

State  Postcode

<sup>†</sup> If the guardian of any minor children (children under age 18) is not the spouse (legal or de-facto) identified under 'Spouse (legal or de-facto) details', please also provide the details of the guardian(s) later in this form

<sup>‡</sup> Further information may be sought by the Trustee

## Details of Parent/Guardian of child/children

### Personal details

Last name

Given name(s)

Residential address – sorry, we can't accept PO Boxes

Street name and number

Suburb/Town

State  Postcode

Daytime phone number  Alternative phone number

Email address

Postal address (if different from above)

Street name and number  
or PO Box number

Suburb/Town

State  Postcode

## Details of Parent/Guardian of child/children

### Personal details

Last name

Given name(s)

Residential address – sorry, we can't accept PO Boxes

Street name and number

Suburb/Town

State  Postcode

Daytime phone number  Alternative phone number

Email address

Postal address (if different from above)

Street name and number  
or PO Box number

Suburb/Town

State  Postcode

## Details of dependants – Other

Please provide details of any dependants of the deceased at the time of death (including a person in an interdependency relationship with the deceased and/or financial dependants). Please note, further information may be sought by the Trustee.

### Personal details

Last name

Given name(s)

Date of birth / /

Reason for dependency

### Residential address – sorry, we can't accept PO Boxes

Street name and number

Suburb/Town

State  Postcode

Daytime phone number  Alternative phone number

Email address

### Postal address (if different from above)

Street name and number or PO Box number

Suburb/Town

State  Postcode

## Details of dependants – Other

Please provide details of any dependants of the deceased at the time of death (including a person in an interdependency relationship with the deceased and/or financial dependants). Please note, further information may be sought by the Trustee.

### Personal details

Last name

Given name(s)

Date of birth / /

Reason for dependency

### Residential address – sorry, we can't accept PO Boxes

Street name and number

Suburb/Town

State  Postcode

Daytime phone number  Alternative phone number

Email address

### Postal address (if different from above)

Street name and number or PO Box number

Suburb/Town

State  Postcode





## Statutory declaration and signature

I'm \_\_\_\_\_ (please state your capacity – eg executor, spouse, dependant etc) of the deceased. I'm over 18 years of age and declare the details given above to be true and correct to the best of my knowledge.

And I make this solemn declaration by virtue of the Statutory Declaration Act 1959 (Act) and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Before or at the time I provided any personal information, I read and understood the Trustee's privacy statement in the current Suncorp Everyday Super Product Guide, which is also available at [suncorp.com.au/privacy](http://suncorp.com.au/privacy)

I consent to the Trustee collecting, using and disclosing my personal information including sensitive information, in accordance with the privacy statement, including for the purpose of assessing my claim and paying the death benefit.

Signature (signed in the presence of the witness)  Date   
Full Name   
Daytime phone number

## Witness declaration

The date of the witness and claimant signatures must be the same.

**A statutory declaration under the Act may be made before the following acceptable witnesses (must be Australian)**

Who to see	Conditions and definitions
Australia Post	An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public; or a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
Banking and other financial institutions	An officer with two or more continuous years of service with one or more financial institutions or a finance company officer with two or more continuous years of service with one or more financial companies. This includes Suncorp and its subsidiaries.
Financial adviser	An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one of more licencees. <b>Please note:</b> If you're consulting face to face with your current financial adviser, the certification process is not required – see the following section.
Justice of the Peace or Notary Public	An individual appointed by the courts whose duties include certifying documents.
Legal profession or law enforcement	A person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner. Other professionals include a judge of a court; a magistrate; a chief executive officer of a Commonwealth court; a registrar or deputy registrar of a court, or a police officer.
Accountants	A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.
Consular or Diplomatic Officer	An Australian Consular Officer or an Australian Diplomatic Officer.

### Witness signature

I declare that:

- I am over 18 years of age, and
- This declaration was signed by the claimant in my presence

Signature (signed in the presence of the witness)  Date   
Full Name   
Qualification

## Where to send the form

Please send the completed form and any required attachments to

Suncorp Everyday Super  
Reply Paid 2585  
Brisbane QLD 4001