

# Suncorp Employee Superannuation Plan Death claim form



Issued 17 February 2014

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

Please use this form to notify us of the death of a Suncorp Employee Superannuation Plan member.

### Tips to help you complete this form

- Use blue or black pen and CAPITAL letters
- Use a cross (X) to mark answer boxes
- Complete all of the form and sign and have an appropriate person witness the form

## 1. Details relating to the Deceased

Suncorp Employee Superannuation Plan account number	<input type="text"/>	
Title	<input type="text"/>	
Last name	<input type="text"/>	
Given name(s)	<input type="text"/>	
Residential address (Sorry – we can't accept PO Boxes)	<input type="text"/>	
Suburb/Town	<input type="text"/>	
State	Postcode	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Town/City of birth <input type="text"/>
Date of death	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Cause of death	<input type="text"/>	

## 2. Details of claimant

Title	<input type="text"/>	
Last name	<input type="text"/>	
Given name(s)	<input type="text"/>	
<b>Residential address</b> (sorry - we can't accept PO Boxes)		
Street address	<input type="text"/>	
Suburb/Town	<input type="text"/>	
State	Postcode	<input type="text"/>
<b>Postal address</b> (if different from above)		
Street address/ PO Box	<input type="text"/>	
Suburb/Town	<input type="text"/>	
State	Postcode	<input type="text"/>

### 3. Details of the estate

Was a Will left?

Yes  No

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

Do the nominated Executors 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:

If Probate or Letters of Administration are not being applied for, state the name of the applicant claiming the benefit:

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 member's estate.

### 4. Details of dependants

#### Spouse (legal or de-facto) details

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth

Daytime phone number  Mobile

Relationship  Married  De-facto

Commencement of relationship

#### Children's details

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth\*

Daytime phone number  Mobile

Was the child financially dependent upon the deceased at the time of death?\*\*  Yes  No

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth\*   /   /

Daytime phone number       Mobile

Was the child financially dependent upon the deceased at the time of death?\*\*  Yes  No

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth\*   /   /

Daytime phone number       Mobile

Was the child financially dependent upon the deceased at the time of death?\*\*  Yes  No

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth\*   /   /

Daytime phone number       Mobile

Was the child financially dependent upon the deceased at the time of death?\*\*  Yes  No

\* 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) on the next page.

\*\* Further information may be sought by the Trustee.

**Guardian's details**

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth

Daytime phone number  Mobile

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth

Daytime phone number  Mobile

**Other dependant's details**

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).

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth

Daytime phone number  Mobile

Reason for dependency

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth

Daytime phone number  Mobile

Reason for dependency

Last name

Given name(s)

Residential address  
(Sorry – we can't accept PO Boxes)

Suburb/Town

State  Postcode

**Postal address** (if different from above)

Street address/PO Box

Suburb/Town

State  Postcode

Date of birth

Daytime phone number  Mobile

Reason for dependency



## 7. Witness declaration

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

### ACCEPTABLE WITNESSES (must be an Australian)

A statutory declaration under the Statutory Declarations Act 1959 may be made before:

Who to see	Conditions and definitions
Accredited Translator	1. A person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of professional translator or above, to translate from a language other than English into English; or 2. A person who currently holds an accreditation that is consistent with the standard specified in 1.
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. Please note however that 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 professional 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.

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

#### Witness signature

- I declare that:
- I'm over 18 years of age
  - this declaration was signed by the claimant in my presence

Signature

Date  /  /

Print full name

Qualification

Please send the completed form and any required attachments to:

**Suncorp Employee Superannuation Plan**  
**GPO Box 2585 (IPC: LS004)**  
**Brisbane QLD 4001**