

## Death claim form

Issued 3 December 2012

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

#### 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	<input type="text"/>	(if known)
Title	<input type="text"/>	
Last name	<input type="text"/>	
Given name(s)	<input type="text"/>	
Date of birth	<input type="text"/>	<input type="text"/>
Date of death	<input type="text"/>	<input type="text"/>
Cause of death	<input type="text"/>	
Residential address – sorry we can't accept PO Boxes		
Street name and number	<input type="text"/>	
Suburb / Town	<input type="text"/>	
State	<input type="text"/>	Postcode <input type="text"/>

## 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

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

**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

### 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>1</sup> / /

Was the child financially dependent on the deceased at the time of death?<sup>2</sup>  Yes  No

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>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 3

### 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

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>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 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

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

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 Guardian

### 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 Guardian

### 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).

### 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).

### 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).

### 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

## Other important information

Please provide any details the Trustee should be aware of (eg family circumstances, who paid the funeral expenses etc).

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## Statutory declaration and signature

I'm \_\_\_\_\_ (please state your capacity – e.g. 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.

I consent to the collection and use of my (our) personal information for the purpose of paying the death benefit as discussed in the Suncorp Privacy Policy available on your website [suncorp.com.au](http://suncorp.com.au)

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