



Death Benefit application form (for PSSap and CSCri members)

Important information about this form

What is a Death Benefit?

A Death Benefit is an amount payable following the death of a PSSap/CSCri member. The benefit comprises of the member's account balance, and any insurance cover payable (exclusions or limited cover may apply) at the time of their death.

How to make a claim?

All adult claimants will need to complete a copy of this form and provide a copy of **Statement A** or **Statement B**, plus supporting evidence. If the member had a valid binding nomination, the claimant will be the person/s named in the binding nomination. If there was no valid binding nomination, a claimant is any person who is eligible to make a claim on the Death Benefit.

How do I claim an insurance benefit? (PSSap only)

We will make an insurance claim on behalf of the deceased following receipt of a death certificate. We will coordinate the claim and, if approved, pay the benefit to the deceased's PSSap account.

What is the role of the trustee?

Under superannuation legislation, assets of a deceased person held in a superannuation fund are treated differently to other assets. Superannuation benefits do not automatically form part of the deceased's estate. So, if the deceased left a Will, a superannuation benefit is not automatically distributed in accordance with that Will.

The trustee of the superannuation fund, after considering all relevant information, distributes the superannuation Death Benefit in accordance with the PSSap Trust Deed and relevant legislation.

If the member...	CSC will...
does not have a valid binding nomination on file	identify any dependants and legal personal representatives and determine how to distribute the member's benefit as set out in the PSSap Trust Deed and superannuation legislation.
made a binding nomination	verify the binding nomination is current and valid, and pay the member's benefit according to their instructions.
made a non-binding nomination	use this nomination as a guide when determining who is entitled to the member's benefit.
made a reversionary nomination (CSCri only)	verify the reversionary nomination is current and valid, and pay the member's benefit according to their instructions.

Who can a Death Benefit be paid to?

This depends on whether or not the member had a valid binding nomination at the time of their death.

PSSap Trust Deed and superannuation law allow us to pay a Death Benefit to:

- A spouse, married, de facto or same sex partner.
- Children, including step-children, adopted children, ex-nuptial children or anyone who fits the definition of a child under the *Family Law Act 1975*.
- Someone who was in an interdependent relationship at the time the member died (see definition below).
- A member's legal personal representative (i.e. the executor of the Will or the administrator of the estate).

If there are no dependants and no legal personal representative of the deceased, the trustee may pay the benefit to one or more non-dependants.



Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the relevant Product Disclosure Statement and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Commonwealth Superannuation Corporation retirement income (CSCri) is offered by CSC, the trustee of the Public Sector Superannuation accumulation plan (PSSap) ABN: 65 127 917 725 RSE: R1004601

What is an interdependent relationship?

According to the Australian Government, two people (whether related to each other or not) have an interdependent relationship if:

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

The Superannuation Industry (Supervision) Regulations 1994 ('SIS Regulations') describe the factors that should be taken into account to establish whether two people have a close personal relationship.

These factors include:

- the duration of the relationship; and
- whether or not a sexual relationship exists; and
- the ownership, use and acquisition of property; and
- the degree of mutual commitment to a shared life; and
- the care and support of children; and
- the reputation/public aspects of the relationship; and
- the degree of emotional support; and
- the extent to which the relationship is one of mere convenience; and
- any evidence suggesting that the parties intend the relationship to be permanent.

What is financial dependency?

This may exist where you relied on the member for some or all of your financial needs. An example of this could occur if you had an ongoing financial reliance on the member and without this assistance your standard of living could not be maintained.

If you wish to be considered on financial dependency grounds, you will need to provide documentation to support your claim.

What if there are no dependants?

Where a deceased PSSap/CSCri member is not survived by any dependants and there is no legal personal representative of the deceased, the Death Benefit can be paid to a non-dependant beneficiary; for example, one or both parents of the deceased. In such a case, both parents of the deceased should submit separate statements, even if only one parent is claiming the benefit. The person not claiming the benefit should complete the appropriate **Statement B** and state that he or she would like the benefit to be paid to the other parent.

What evidence needs to be provided?

In order for us to progress a Death Benefit we will need to be provided with the following information:

- a certified copy of the death certificate
- certified proof of deceased's age (driver licence, passport, birth certificate)
- a **Statement A** or **Statement B** from all adult claimants advising on whether they intend to make a claim on the Death Benefit and providing supporting information.

If applicable, we will also need:

- a certified copy of the deceased's Will
- a certified copy of Grant of Probate/Letter of Administration
- a certified copy of the coroner's report
- certified copies of birth certificates or adoption certificates for each of the children
- a certified copy of a marriage certificate
- certified proof of identification for each claimant.

If applying for the benefit due to being in an interdependent relationship, the following are examples of evidence that may assist your claim:

- evidence of sharing a joint address
- utility bills in joint names

- mortgage and bank accounts in joint names
- receipts for shared expenses
- statutory declarations from third parties describing the interdependency relationship.

If you need to establish financial dependency, the following are examples of evidence that may assist your claim:

- bank statements showing payments made
- evidence of child support payments
- receipts for shared expenses.

The evidence required will depend on the number of dependants being considered and whether or not the relationships or evidence is contested by other parties. We will advise you if we need further evidence.

How will the benefit be taxed?

Death Benefits are tax-free if paid to a dependant as defined under taxation law. For tax purposes, a dependant is:

- a spouse (married, de facto or same sex partner);
- a child under 18 years of age (including step-children, adopted children, ex-nuptial children or anyone who fits the definition of a child under the *Family Law Act 1975*); or
- anyone who was financially dependent on the member at the time the member died.

A Death Benefit is also tax-free where paid to someone who is not a dependant but received the benefit because of the death of a member of the Australian Defence Force or an Australian Police Force (including Australian Protective Services) who died in the line of duty.

If paid to someone other than a dependant, the taxable portion of the benefit is taxed at 15% (plus Medicare Levy). The tax-free component is paid tax-free.

What if I disagree with the decision?

Where there isn't a valid binding nomination, after making a decision we will write to all potential claimants to notify them of the decision. All parties will have 28 days to let us know if they disagree with the decision.

The PSSap Trust Deed allows for a decision made by a Delegate of CSC to be reviewed by the Reconsiderations Advisory Committee. This committee provides an opportunity for members to have a decision of CSC or its Delegate reviewed. If claimants are still unsatisfied after the reconsideration outcome, they may appeal directly to the Australian Financial Complaints Authority (AFCA).

Where can I get further assistance?

If you are considering your options, or require assistance completing your application, call **1300 202 512**, or email claims@pssap.com.au

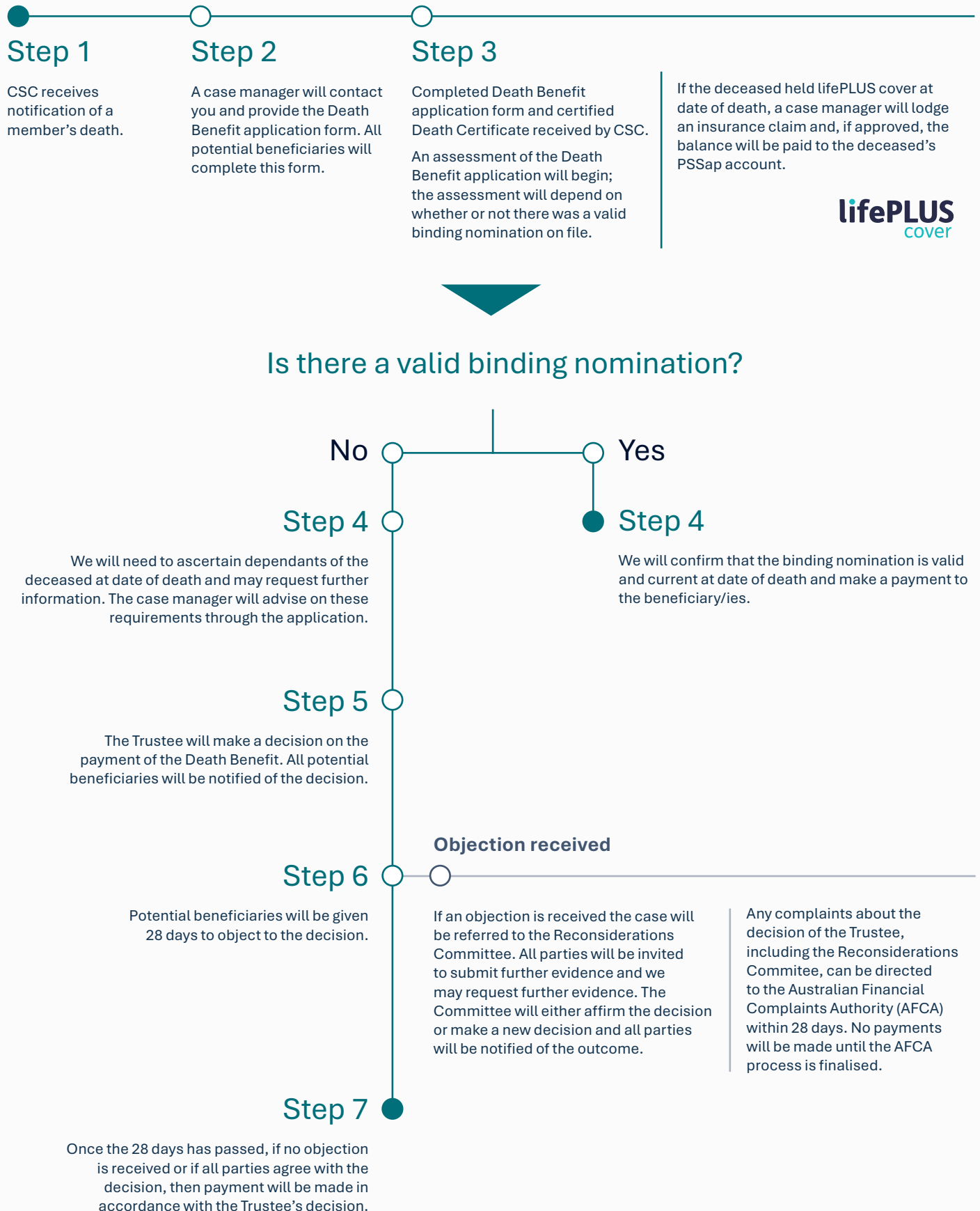
Privacy

Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with our privacy policies and notice for the purpose of managing your super.

This includes the administration of your account and insurance cover. Your information will be passed on to our insurer, AIA Australia, they may collect, use and disclose your personal information for the purposes outlined in its Privacy Policy, including making it available to medical practitioners to establish your insurance coverage or if you lodge a claim. The privacy policies and notice are available via csc.gov.au and aia.com.au or by contacting us on **1300 725 171**.

The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.

What can I expect?





Death Benefit application

Form start

Read the Explanatory notes and each section of the form carefully before filling it in.
All adult claimants will need to complete a copy of this form and provide a copy of either **Statement A** or **Statement B**.

A Details of the deceased

PSSap/CSCri membership number

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other

Surname

Given name(s)

Date of birth

D

D

M

M

Y

Y

Y

Y

Date of death

D

D

M

M

Y

Y

Y

Y

Residential address at date of death

Suburb/town

State

Postcode

Tax File Number

B About yourself

Relationship to the deceased

You will need to provide certified evidence of your relationship to the deceased. Full details of the evidence required can be found in the explanatory notes at the front of this form.

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other

Surname

Given name(s)

Date of birth

D

D

M

M

Y

Y

Y

Y



Continued on next page

Residential address	<div></div>																							
	Suburb/town																State				Postcode			
	<div></div>																<div></div>				<div></div>			
Postal address (leave blank if same as residential address)	<div></div>																							
	Suburb/town																State				Postcode			
	<div></div>																<div></div>				<div></div>			
Phone numbers	Business hours												After hours											
	<div></div>		<div></div>										<div></div>		<div></div>									
	Mobile number																							
	<div></div>																							
Email	<div></div>																							

C Payment arrangements

A payment can be made to a bank account in the name of the claimant or estate. You do not need to complete this section if you are not making a claim for the Death Benefit.

Name of account holder	<div></div>																										
	<div></div>																										
Branch (BSB) number	<div></div>																										
Account number	<div></div>																										
Tax File Number	<div></div>			<div></div>			<div></div>																				

PSSap is authorised to collect and validate your Tax File Number (TFN) under the *Superannuation Industry (Supervision) Act 1993*.

CSCri only

If the deceased was a CSCri member and you were nominated as their reversionary beneficiary, you have the option of continuing to draw down funds as a reversionary pension, or you may elect to take all as a lump sum.

Select **one** option.

- ☐ I wish to continue drawing down as a reversionary pension (you can still cash out later on at any time).
- ☐ I wish to take all funds as a lump sum.

D Checklist

In order to progress the Death Benefit process, we will need to receive the following information. Depending on the complexity of the claim, further information may be required. Your case manager will contact you if further information is required.

For the initial notification:

Before the claim can be progressed, we will need to receive one copy of the below items. Generally the person who notifies us of the claim should provide the following. If you are unsure if the information below is outstanding, contact us to confirm.

- | | |
|---|---|
| <input type="checkbox"/> A certified copy of the death certificate. | <input type="checkbox"/> A certified copy of the deceased Will (if applicable). |
| <input type="checkbox"/> Certified proof of the deceased's age (driver licence, passport, birth certificate). | <input type="checkbox"/> A certified copy of Grant of Probate/Letter of Administration (if applicable). |

For each adult claimant:

If the deceased had a binding nomination the claimant will be the person/s named in the binding nomination. If there was no binding nomination, a claimant is any person who is eligible to make a claim on the Death Benefit.

- | | |
|---|---|
| <input type="checkbox"/> A completed Death Benefit application form from each adult claimant. | <input type="checkbox"/> Identification documents as per Section E for each adult claimant who wants to be considered in the distribution of Death Benefits. |
| <input type="checkbox"/> A completed Statement A from each adult claimant. | <input type="checkbox"/> Evidence of relationship for each claimant. Details of evidence can be found in the information leaflet that accompanies this form. |
| <input type="checkbox"/> A Statement B from any dependant of the deceased who does not wish to make a claim. | |

E Identification requirements

To confirm your identity, we require some information from you—this is to protect your benefit against fraud, money laundering and terrorism financing, under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Verifying your documents

Identifying documents may be verified through the Document Verification Service (DVS). DVS is a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.

Further information about the DVS, and the operation and management of the DVS Hub, is available from **IDMatch** at www.idmatch.gov.au/ and the **Attorney-General's Department** at www.ag.gov.au/.

! If you don't provide authorisation to have documents verified electronically or your documents are incompatible with DVS, you will need to provide certified copies of required documents.* Please also refer to the section Certifying your documents.

*** DVS is only compatible with some identification documents, these have been listed below.**

An electronic copy of your identification documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purpose of confirming your identity. You need to send in identification with every application.

Certifying your documents

If you're providing certified documents, the certifying authority must confirm in writing that any copies are true copies of the original.

! **Important:** The certification must include the name, signature, qualification and registration number of the certifying authority (if applicable), and the date of the certification. Note: we require a copy of both sides of your identification document. If your certified copy is a physical document, it must be sent by post. We cannot accept a photo or scan of a certified copy.

The following sample of certifying authorities can certify your documents in Australia:

- Dentist
- Employee of a Commonwealth authority engaged on a permanent basis with five or more years of continuous service who is not specified elsewhere in this document
- Financial Adviser or Financial Planner
- Justice of the Peace (JP)
- Legal Practitioner
- Medical Practitioner
- Member of the Australian Defence Force who is:
 - an Officer; or
 - a Non-Commissioned Officer within the meaning of the Defence Force Discipline Act 1982 with five or more years of continuous service; or
 - a Warrant Officer within the meaning of that Act.
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to **Schedule 1** of the *Statutory Declarations Regulations 2023* available at www.legislation.gov.au/F2023L01753/

Meeting the identification requirements

You only need to provide **one** document from the **Primary photographic identification** category.

If you can't provide any **Primary photographic identification** you will need to provide **one** secondary identification document from List A **AND one** secondary identification document from List B. We can only accept documents that are listed below for identification purposes.



If the name we hold on file for you is different to the name on your identification, or two pieces of identification are in different names, please provide a certified copy of your **Marriage** or **Change of Name certification**.




*** If you would like us to use DVS to verify your identification, please check both boxes below.**

- ☐ I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purposes of confirming my identity.
- ☐ I have attached identification for DVS verification.

You must provide a copy* of one of the following:

Primary photographic identification

DVS compatibility* is shown as  or 

-  A current Australian Driver's Licence (front and back of licence must be provided).
-  A current Australian Passport (or one which has expired within the last two years).
-  A current Australian Proof of Age card (issued under a State or Territory law).




*** If your documents are incompatible with DVS, don't forget to provide certified copies.**

 **Continued on next page**




Secondary identification requirements

Only provide these documents if you're unable to provide **one** of the **Primary photographic identification** documents.

List A

-  Your Australian Birth Certificate or extract issued by a State or Territory.
Please note: Birth Certificate extracts and Birth Certificates issued before 1970 may not be verified by DVS.
-  Your Citizenship Certificate issued by the Commonwealth.
-  Your current Pensioner Concession Card issued by the Department of Human Services.

List B

-  Your notice issued by the Australian Taxation Office (ATO) within the last 12 months that shows your name, current residential address, and records an amount payable either to or from the ATO.
-  Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. **Example:** rates notice, electricity or water bill.
-  Your 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 a financial benefit. **Example:** a Centrelink letter.



Certifying your documents overseas

If you live overseas and need to have documents certified, it needs to be done by a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents. For more information refer to ag.gov.au and dfat.gov.au. Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator.

Persons residing overseas and foreign residents may need to contact us.

***Don't send original documents.**

F Declare and consent

I declare that:

- the information in this claim form is true, correct and complete;
- I have read the PSSap/CSCri Product Disclosure Statement (PDS), and this application is made subject to the terms and conditions of that information; and
- I am aware and agree that CSC and its administrators will have records of my personal information and consent to the use of my information in accordance with the Privacy Policy available at csc.gov.au

 **Sign**

Signature

Date signed

D	D		M	M		Y	Y	Y	Y
		/			/				



Important: If you elect not to have your eligible identification documents verified through DVS, then you must provide hard copies of your certified documents via post. (If you missed the DVS election, see page 6).

G Submitting your form

If you wish to use DVS, email your application and a copy of one of the listed ID requirements in section E to: formsandapplications@pssap.com.au

or

If you do not wish to use DVS, send your completed form and your certified proof of identity documents to:

PSSap
Locked Bag 20117
Melbourne VIC 3001

CSCri
Locked Bag 20115
Melbourne VIC 3001

Request for consideration in the distribution of a death benefit

make the following declaration under the *Statutory Declarations Act 1959*:

2. To my knowledge, the deceased had a Will: ☐ Yes ☐ No

4. There is an intention to apply for Grant of Probate/Letters of Administration: ☐ Yes ☐ No

Residential address																									
Suburb/town																				State		Postcode			

Dependant 2

Name

Surname

[illegible]

Given name(s)

[illegible]

Date of birth

D	D		M	M		Y	Y	Y	Y
		/			/				

Residential address

[illegible]

Suburb/town

[illegible]

State

--	--	--

Postcode

--	--	--	--

Relationship to the deceased

[illegible]

Outline your reason and extent of your dependency in question 9 of this form.

9. Further details the trustee should be aware of (eg family circumstances) are as follows:



Ensure you complete the below question **(10)** as this is MANDATORY to complete your application.

10. I was financially dependent on the deceased:

☐ Yes ☐ No

To establish 'financial dependency' you will have to provide evidence that the deceased contributed in any way towards your subsistence either financially or by the provision of food, accommodation, clothing, education, etc. It is not necessary to prove that the deceased was a major provider or indeed a significant provider but merely that they in some way provided for and added to the ability of the person(s) claiming dependency to sustain themselves.

If **Yes**, details of my financial dependency are as follows:

11. I was living in an interdependency relationship with the deceased:

☐ Yes ☐ No

Someone can be in an interdependent relationship if they have a close personal relationship, they live together, one or each of them provides the other with financial support, and/or one or each of them provides the other with domestic support and personal care. Dependency can also arise where two people have a close personal relationship, but don't live together, or provide each other with financial support or personal care because of physical, intellectual or psychiatric disability. A person wishing to be considered on the grounds of an interdependent relationship will be asked to provide information to substantiate the existence of the relationship.

If **Yes**, details of my interdependency are as follows:

12. I have read and understood CSC’s Privacy Policy and Privacy Notice and I consent to the collection, use and disclosure of my personal information and sensitive information in the manner described in the Policy and Notice.

13. The information provided in this statement is true and complete to the best of my knowledge.

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.

The person completing this form must sign here.

 Sign

Signature

Date signed

D

D

/

M

M

/

Y

Y

Y

Y

Declared at

Address

Suburb/town

State

Postcode

on

D

D

/

M

M

/

Y

Y

Y

Y

Before me**,

Surname

Given name(s)

Qualification

Residential address

Suburb/town

State

Postcode

The person witnessing this declaration must sign here.

 Sign

Signature

Date signed

D

D

/

M

M

/

Y

Y

Y

Y

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 four 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*.

****** Persons before whom a statutory declaration may be made include: Commissioner for Declarations, a person in charge of an Official Post Office, a Magistrate, a Justice of the Peace, a Barrister or Solicitor, a member of the Police Force, a State School Teacher, a legally qualified Medical or Dental practitioner, a Pharmacist, a Notary Public, a Commissioner for Affidavits, a Minister of Religion, or a Bank Manager.

Send your completed application and attachments to:

PSSap

Locked Bag 20117

Melbourne VIC 3001

CSCri

Locked Bag 20115

Melbourne VIC 3001

or
email: formsandapplications@pssap.com.au

Statement B

Notice of intention not to seek payment of a Death Benefit

Surname of the deceased	<div></div>																									
Given name(s) of the deceased	<div></div>																									
	<div></div>																									
PSSap/CSCri membership no.	<div></div>																									
I, (Surname)	<div></div>																									
(Given name(s))	<div></div>																									
	<div></div>																									
of, (Residential address)	<div></div>																									
	Suburb/town													State				Postcode								
	<div></div>													<div></div>				<div></div>								

make the following declaration under the *Statutory Declarations Act 1959*:

1. My relationship to the deceased is:
2. I am aware that as a result of the death of the above named member an amount is payable from the Fund.
3. I hereby advise that I have no intention of claiming, or I have no wish to be considered in the payment of, all or any part of the benefit and I agree that the Trustee of the Fund is released from any obligation to include me in its determination of the distribution of the benefit.
4. I would like to provide the following further information regarding the Death Benefit (Provide any details about the member’s family or circumstances that you think the Trustee should be aware of in the distribution of Death Benefits.):

5. The information provided in this statement is true and complete to the best of my knowledge.

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.

The person completing this form must sign here.

 Sign

Signature

Date signed

D D / M M / Y Y Y Y

Declared at

Address

Suburb/town State Postcode

on

D D / M M / Y Y Y Y

Before me**,

Surname

Given name(s)

Qualification

Residential address

Suburb/town State Postcode

The person witnessing this declaration must sign here.

 Sign

Signature

Date signed

D D / M M / Y Y Y Y

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 four 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*.

** Persons before whom a statutory declaration may be made include: Commissioner for Declarations, a person in charge of an Official Post Office, a Magistrate, a Justice of the Peace, a Barrister or Solicitor, a member of the Police Force, a State School Teacher, a legally qualified Medical or Dental practitioner, a Pharmacist, a Notary Public, a Commissioner for Affidavits, a Minister of Religion, or a Bank Manager.

Send your completed application and attachments to:

PSSap **CSCri**
Locked Bag 20117 **Locked Bag 20115**
Melbourne VIC 3001 **Melbourne VIC 3001**

or
email: formsandapplications@pssap.com.au

 For more information visit csc.gov.au

Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the relevant Product Disclosure Statement and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Commonwealth Superannuation Corporation retirement income (CSCri) is offered by CSC, the trustee of the Public Sector Superannuation accumulation plan (PSSap) ABN: 65 127 917 725 RSE: R1004601

