

Estate or beneficiary of a deceased member

Benefit application

- 1. Explanatory notes
- 2. Form

Important information about this form

Who should use this form?

This form may be completed by a person handling the estate or the legal personal representative where an ADF Cover member has passed away and there is no surviving eligible spouse or eligible child.

Before you start

Before completing this benefit application form, we recommend you read the **ADF Cover death** benefits factsheet available from csc.gov.au

Please ensure you attach all relevant documentation with this application. An incomplete application could result in a delay of your assessment or payment.

Advice and information

If you require further information or assistance completing this form, please call 1300 001 977.

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this with a ✓ or **x** then fill out the next question or section.

Sign your name where needed, if you do not sign the form it will be returned to you.

Submitting your form

Please send this form with your certified proof of identity documents (if applicable) to:

ADF Cover GPO Box 2252 Canberra ACT 2601

AUSTRALIA

Faxed and emailed copies will not be accepted.



1. Explanatory notes start

Following are some notes to assist you in completing each section of the benefit application.

Section A – About the deceased

Please complete all boxes in this section.

Section B – About the person handling the estate

The postal address you provide is where all correspondence will be sent.

A contact phone number or email address is also required in case we need to contact you regarding your application. This will help avoid delays in payment.

Section C – About the estate

Please complete all boxes in this section.

Section D – About the beneficiaries

Please complete all the boxes in this section.

Section E – Payment details

This section is where you nominate the account you want your benefit to be paid. We can only pay the benefit into an Australian bank account held in your name. If it's a joint account, one of the names listed must be yours. Please ensure the information here is correct, as a delayed payment may result if it is not.

Section F – Attachments

Please complete all the boxes in this section and provide any necessary certificated or statutory declarations as required.

Section G - Identification requirements

To guard against fraud, money laundering, terrorism financing, you need to provide us with information to verify your identity before your request can be processed. The identification documents you send us will be verified electronically using a Document Verification System, or you can provide certified copies of your documents with your application. If you supply certified documents, the person certifying them must attest that the documents are true copies, and that you are the valid holder of the identification. Copies of your documents will be scanned and stored on our secure document management system.

Section H - Declaration

If you don't sign this section, your form will be returned to you and your payment may be delayed.

Privacy

Protecting your privacy is important to Commonwealth Superannuation Corporation (CSC). CSC collects personal information for the purposes of providing superannuation products and information to members, including the administration of superannuation legislation and rules, and for any other directly relatable purposes.

Your personal information may be disclosed to Superannuation Administration Corporation, trading as Pillar Administration (Pillar) ABN 80 976 223 967, AFSL 245591 for the purposes of establishing, administering and releasing your account. CSC may also disclose your personal information to the extent that it is required or permitted to do so by law.

A full copy of our privacy policy is available at csc.gov.au

Read the Explanatory notes and each section of the form carefully before filling it in.

End of explanatory notes





Estate or beneficiary of a deceased member

Benefit application

2. Form start



Service	Navy Army RAAF
ADF Cover membership number / Service number	
Salutation	Mr Mrs Ms Other
Surname	
Given name(s)	
Date of birth	D D M M Y Y Y Y Y Y Y Y
Date of death	D D M M Y Y Y Y Y Y Y Y

Please provide a copy of the death certificate



Section A continued on next page

Was the deceased legally married or in a relationship that was registered under a law of a State or Territory as a prescribed kind of relationship?	Yes — Do not use this form. Please refer to the ADF Cover Death benefits factsheet for instructions on the correct form to use. No
Did the deceased have any eligible children?	Yes – Do not use this form. Please refer to the ADF Cover Death benefits factsheet for instructions on the correct form to use. No



About the person handling the estate

Salutation		Mr		L	N	1rs			Ms			Miss			Ot	her				
Surname																				
Given name(s)																				
Postal address																				
	SUBU	DD.													STATE			DOST	CODE	
	3080	IND.													JIAIL			F031	CODE	
Residential address																				
	SUBU	RB													STATE			POST	CODE	
Date of birth	D	D	/	М	М	/	Υ	Υ	Υ	Y										
Contact number	BUSII	NESS	HOUR	S								МОВ	ILE NU	JMBE	R					
	AFTE	R HOL	JRS																	
Email address	WOR	К																		
	@																			
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	@																			

About the estate

Did the deceased leave a Will:	Yes – Please attach a copy No
Is there a Grant of Probate or Letters of Administration:	Yes – Please attach a copy No
Will the Grant of Probate or Letters of Administration be obtained:	Yes No



About the beneficiaries

If there is more than one beneficiary, please attach the same details below for each additional beneficiary.																					
Salutation		Лr			Mrs			Ms				Miss		01	ther	-					
Surname of beneficiary																					
Given name(s) of beneficiary																					
	D	D		м м		Υ	Υ	Y	Υ												
Date of birth			/	101 101	/	ī			ī												
Residential address																					
	SUBURB STATE														POSTCODE						
	SUBUR	В			_	1									_	1	1	. 03.			
	SUBUR	В																			
I was dependent on the deceased	Y	es Vo																			
	Y	'es																			
deceased (If yes) Details of my	Y	'es																			



Please note that benefits can only be paid to an account in your name and must be in Australia. This can be a joint account.

Name of institution												
Name of account holder(s)												
Must include your name												
Branch location												
Branch (BSB) number		-										
Account number												



Attachments

Please include any supporting information relevant to your claim, which may include

_																	
	A D	eath	cer	tific	ate	(if av	vaila	ıble,	if n	ot, f	orw	ard	late	r)			
	ΑW	/ill															
	ıq A	obr	ate	docı	ıme	nt											
	Lett	ers	of A	dmi	nistı	ratio	n										
	Certified copies of documents requested to prove your identitiy																
	Oth	er, p	oleas	se sp	ecif	y be	elow	1									

For each beneficiary that was dependent on the deceased please also include:

- a statement, setting out the circumstances of the relationship
- utility and rates bills that support you lived with the deceased
- If you were not residing with the deceased a statement detailing the reason/s you were not residing with the deceased
- Evidence of dependence on the deceased, including financial statements, setting out the source of income and relevant expenditure



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.

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.

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 you are the valid holder of the identification you are presenting, and 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.

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.
- Midwife
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- · Psychologist.

For a full list of certifying authorities refer to **Schedule 2** of the *Statutory Declarations* Regulations 2018 available at www.legislation.gov.au/Details/F2018L01296

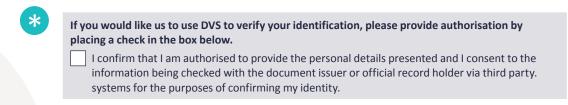
DVS is only compatible with some identification documents, these have been listed below.

Please note: We require a copy of both sides of your identification document.

How can I meet 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.



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 certified copies.

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. For 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. For 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.

incompatible with DVS, don't forget to provide



I declare that:

- the information I have provided is true and correct to the best of my knowledge. I acknowledge that it may be a criminal offence to knowingly provide false or misleading information
- I have read and understood the information in this form and in the scheme factsheet.
- I have filled in all sections applicable to me.
- I have checked my bank account details at Section E.
- I have provided relevant identification evidence as per Section F.



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			/			/				



Lodgement

You have now completed this form.

Please send this form with your certified proof of identity documents (if applicable) to:

ADF Cover GPO Box 2252 Canberra **ACT 2601 AUSTRALIA**

Faxed and emailed copies will not be accepted.

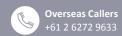














Fax (02) 6275 7000

