



Spouse and/or child of a deceased member

Benefit application (establishing eligibility – Part 1)

1. Explanatory notes

2. Form

Important information about this form

Who should use this form?

This form may be completed by an eligible spouse or partner where an ADF Cover member has passed away.

Definition of an eligible spouse or partner

You are an eligible spouse or partner if you and the member were living together or usually lived together for a continuous period of at least three years at the date of death, and are:

- married, or
- in a registered relationship (opposite or same sex) e.g. a civil union, or
- in a de facto relationship (opposite or same sex).

You could also be eligible if you were not living together, but were in a relationship and were still wholly or substantially dependent on your spouse or partner at the time of their death, or were separated because one of you was in a hospital or aged care. If you were in this situation, you will be asked to provide evidence later in the form.

For more information on the definition of an eligible spouse or partner, please see the **ADF Cover Death benefits** factsheet available from csc.gov.au

If you need assistance please contact us on **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 ✗ then fill out the next question or section.
- Where you see a box like this ☐ **Yes – go to 3** – skip to the question number shown. You do not need to answer the questions in-between.
- Where you see a box like this ☐ **Attach a** – attach the requested documents.

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 copies will not be accepted.



Australian
Defence Force
Cover

1. Explanatory notes start

Before you start

Before completing this benefit application form, we advise 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 contact us on **1300 001 977**.

Completing this application

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 – Provide your personal details

Please complete all boxes in this section. 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 – Third party authority

If you wish for another party to act on behalf of you in this matter please complete and return the authority form.

Section D – About your relationship with the deceased

Complete all the boxes in this section and provide any necessary certified documents or Statutory Declarations as required.

Section E – About the applicant child/ren

Complete all the boxes in this section and provide any necessary certified documents or Statutory Declarations as required. Please note that if there is a child or children found to be 'eligible' child/ren, reviews will be conducted to assess their ongoing eligibility as a dependant until the age of 25.

You must inform us of any changes in their circumstances which could affect their eligibility.

Section F – 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 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 – Documentation requirements

This section is a checklist to ensure you have supporting evidence to substantiate your relationship with the deceased. If you do not provide the requested evidence to support your claim, processing of the benefit will not be finalised.

Section I – Declaration

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

Section J – Checklist

Use this member checklist to ensure you have completed all sections of this form.

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. Alternatively, you may request a full copy of our privacy policy by telephoning us on **1300 001 977**.

**End of
explanatory
notes**

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been intentionally
left blank.



Spouse and/or child of a deceased member

Benefit application (establishing eligibility – Part 1)

2. Form start

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

A

About the deceased

Salutation	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of death	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide a copy of the death certificate

Was the member in receipt
of an invalidity pension under
ADF Cover?

☐ Yes - Do not use this form.
Please refer to the **ADF Cover
Death benefits** factsheet for
instructions on the correct form
to use.

☐ No



Australian
Defence Force
Cover

➔ Section A continued on next page

Scheme details:

ADF Cover membership
number / Service number

[illegible]

Service

☐ Navy ☐ Army ☐ RAAF

Did the deceased leave a Will?

☐ Yes – please attach a copy ☐ No

Who is the executor?

Salutation

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other				
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Surname

[illegible]

Given name(s)

[illegible]

Contact number

BUSINESS HOURS <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	MOBILE NUMBER <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
AFTER HOURS <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

Has a grant of probate or letters of administration been obtained?

☐ Yes – please attach a copy ☐ No

Who is the administrator:

Salutation

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

[illegible]

Given name(s)

[illegible]

Contact number

BUSINESS HOURS <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	MOBILE NUMBER <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
AFTER HOURS <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

Provide your personal details

Salutation

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

[illegible]

Given name(s)

[illegible]

Date of birth

D D M M Y Y Y Y

[illegible]

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[illegible]

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ADFC-DM-P1 7 of 15

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
Surname	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Given name(s)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Date of birth	<div style="display: flex; justify-content: space-around;"> <div><small>D D</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><small>M M</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><small>Y Y Y Y</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> </div>
Organisation (if applicable)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
You authorise access to your account details to	<input type="checkbox"/> any representative of the organisation, or <input type="checkbox"/> only the named individual
Postal address	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>SUBURB</div> <div>STATE</div> <div>POSTCODE</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%; height: 20px;"></div> <div style="border: 1px solid black; width: 15%; height: 20px;"></div> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> </div>
Contact details	<div style="display: flex; justify-content: space-between;"> <div> <small>HOME PHONE</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 180px; height: 20px;"></div> </div> <div> <small>MOBILE NUMBER</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 180px; height: 20px;"></div> </div> </div>
Email address	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div>@</div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Financial Services Licence Number (Financial representative)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Allow access from	<div style="display: flex; align-items: center;"> <div style="display: flex; justify-content: space-around;"> <div><small>D D</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><small>M M</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><small>Y Y Y Y</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> </div> <div style="margin: 0 10px;">to</div> <div style="display: flex; justify-content: space-around;"> <div><small>D D</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><small>M M</small> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><small>Y Y Y Y</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> </div> </div> <p style="text-align: right; font-size: small;">(only specify an end date if applicable)</p>



About your relationship with the deceased

Although the below questions are designed to establish your eligibility, you should provide evidence as set out in **Section H** to support your claims. You may also be asked to provide further evidence once the delegate has reviewed your application.

1. What was the nature of your relationship with the member?
- ☐ Married – please provide a copy of your marriage certificate

☐ De facto

☐ Registered relationship – please provide copy of the registration certificate

☐ Separated

☐ Other (please provide further information)

2. The date on which your relationship with the member commenced:

D	D			/	M	M			/	Y	Y	Y	Y

The date on which you commenced living with the member

D	D			/	M	M			/	Y	Y	Y	Y

3. Are you aware of any other eligible spouses:

☐ Yes – Please provide detail in the free text space provided below

☐ No

4. Were you living with the member at the time of death?

☐ Yes – **Go to question 8**

☐ No

5. If you were not living with the member at the time of death, was the separation due to:

☐ Illness – please provide a letter from the doctor/hospital/aged care facility

☐ Posting – please provide a letter from Defence with posting details

☐ Other – please provide additional information below

6. Date of separation (if applicable):

D	D			/	M	M			/	Y	Y	Y	Y

7. Were you wholly or substantially dependent on the member at the time of death?

☐ Yes

☐ No

E

About the applicant child/ren

8. Do you have any children with the member?

☐ Yes

☐ No

9. Did the member have any other children (this includes adopted, foster, step-children, ex-nuptial, a ward, etc)?

☐ Yes

☐ No – **Go to Section F** if you answered no to questions 8 and 9.

10. Please provide the following information for each child (under the age of 25):
 If you have more than one child, please attach the same details as below for each additional child.
 Please provide a copy of the birth certificate of each child.

Child details

Salutation	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/
Address	<input type="text"/>					
	<input type="text"/>					
	SUBURB				STATE	POSTCODE
	<input type="text"/>				<input type="text"/>	<input type="text"/>
Contact number:	HOME PHONE		MOBILE NUMBER			
	<input type="text"/>		<input type="text"/>		<input type="text"/>	
Email address (if available)	<input type="text"/>					
	@ <input type="text"/>					

Children aged 18-25 years old

For children aged between 18 and 25 years old, please complete the following sections. If you have more than one child between 18 and 25 years old, please attach the same details as below for each additional child.

11. Was the above named child living with the member on a full-time basis, at the time of death?
- ☐ Yes – Please provide proof of residence
- ☐ No – Please provide detail in the free text space provided below

- 12a. Was the above named child wholly or substantially dependent on the member at the time of death?
- ☐ Yes
- ☐ No – Please provide detail in the free text space provided below

[illegible][illegible][illegible][illegible]

SUBURB										STATE			POSTCODE		

[illegible]

Duration of course

from

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 /

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 to

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 /

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 /

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Stamp of School/College/University/TAFE

STAMP OF SCHOOL/COLLEGE/UNIVERSITY/TAFE



 Section E continued on next page

[illegible]

 **Sign**

PRINCIPAL/REGISTRAR SIGNATURE

D D / M M / Y Y Y Y

F

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.

[illegible][illegible][illegible]

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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*.

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.

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 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

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**.



If you would like us to use DVS to verify your identification, please provide authorisation by placing a check in the box 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.



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.




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.**



Documentation requirements

This section is a checklist to ensure you have supporting evidence to substantiate your relationship with the deceased. If you do not provide the requested evidence to support your claim, processing of the benefit will not be finalised.

Evidence

Please provide:

Section A

- a copy of the marriage or relationship certificate or
- declarations from individuals to affirm the existence of a couple relationship
- utility and rates bills that support you lived with the deceased for the three year period continuously
- Separate mail for yourself/member addressed to the same residential address
- advice if you jointly owned the property or provide a copy of the rental agreement/lease.

Section B

- a statement, setting out the circumstances of the relationship
- a copy of the marriage or relationship certificate or
- two statutory declarations from individuals to affirm the existence of a couple relationship (at least one by a professional, who is not a family member, e.g. accountant, lawyer, doctor)
- utility and rates bills that support you lived with the deceased for the period continuously
- advice if you jointly own real estate or other assets
- a statement regarding financial interdependence, including bank statements
- if applicable, please set out the circumstances regarding the care of any children.

Section C

- the reason for the absence and evidence to substantiate the separation (e.g. a letter from the nursing home or medical facility) and
- before the separation, if you were living with one another for a continuous period of more than three years, please provide the information requested at **Section A**
- before the separation, if you were living with one another for a continuous period of less than three years, please provide the information requested at **Section B**.

Section D

- a copy of your marriage certificate
- a statutory declaration setting out the circumstances of the relationship
- evidence of whole or substantial dependence on the deceased, including a financial statement, setting out the sources of income and relevant expenditure
- an overview of how you were essentially dependent upon the deceased.

Section E

- a copy of the child's birth certificate (under the age of 25) and
- if aged between at least 18 and less than 25, evidence of full-time study.

I Declaration

Please sign and date the following declaration before returning your application to us.

I declare that:

- the information I have provided on this form 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 on documents

I have read and understood the information in this form and in the relevant factsheet.

 **Sign**

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

J Checklist

- ☐ I have read all the explanatory notes
- ☐ I have read the **ADF Cover Death Benefits** factsheet
- ☐ I have filled in all sections applicable to me
- ☐ I have checked my bank account details at **Section F**
- ☐ I have signed the declaration at **Section I**
- ☐ I have provided relevant identification evidence as per **Section H**

K Lodgement

You have now completed this form.

Please post your completed, signed application form and attached documents to:

ADF Cover
GPO Box 2252
Canberra
ACT 2601
AUSTRALIA

Faxed copies will not be accepted.

End Form



Need assistance?
Call us on the phone
numbers below



Email
members@adfcover.gov.au



Phone
1300 001 977



Fax
(02) 6275 7000



Post
ADF Cover
GPO Box 2252
Canberra ACT 2601



Web
csc.gov.au



Overseas Callers
+61 2 6272 9633