

APPLICATION FOR PAYMENT OF A DEATH BENEFIT

Complete this form if you are a dependant of a deceased member of Simple Choice Super.

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

This form may be posted to **Simple Choice Super GPO Box 263, Sydney NSW 2001** or scanned and emailed to info@simplechoicesuper.com.au.

Important Information about Claiming a Superannuation Death Benefit

When a member of Simple Choice Super dies, the Trustee must determine who is entitled to receive a death benefit. This decision is governed by the Superannuation Industry (Supervision) Act 1993, our Trust Deed and general trust law.

Who can claim a benefit?

A benefit may be paid to dependants of the member (as defined below) or a legal personal representative. As Trustee, we may pay the benefit to one or more persons, and to the exclusion of others, in such a manner and proportion as we determine. If we cannot find any dependants or a legal personal representative, then we may pay the benefit to a non-dependant (such as a next of kin).

Who can be a dependant?

A dependant can be:

- A spouse of the member (including another person (whether of the same sex or different sex) with whom the member was in a relationship that is registered under a law of State or Territory; and a person who, although not legally married to the member, lived with the member on a genuine domestic basis in a relationship as a couple);
- A child in relation to the member (including an adopted child, a step-child and an ex-nuptial child (born outside the marriage) of the member; and a child of the member's spouse);
- Any person with whom the member had an "interdependency relationship" at the time of the member's death;
- Any person who, in the opinion of the Trustee, was at the date of the member's death wholly or partially dependant on that member; or
- Any person who, in the opinion of the Trustee, had at the date of the member's death, a legally enforceable right to look to the member for financial support.

What is an interdependency relationship?

Two people have an interdependency relationship if:

- They have a close personal relationship;
- They live together;
- 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.

If each of these conditions is met, there is an interdependency relationship and each person is a dependant of the other. In addition, if a close personal relationship exists but the other requirements above are not satisfied because of a physical, intellectual or psychiatric disability (e.g. one person lives in a psychiatric institution suffering from a psychiatric disability), then an interdependency relationship may still exist.

What is financial dependency?

Financial dependency may include a dependency on the member for payment of bills, rent, maintenance payments and shared financial commitments, such as a mortgage. Being financially dependent on the member does not necessarily mean that the dependant totally depended on the member for financial support.

Who is a legal personal representative?

A legal personal representative is the person granted authority by the relevant State or Territory court to finalise the member's estate through either:

- Probate to act as an executor—where the member left a valid Will; or
- Letters of administration—where the member did not leave a valid Will.

What if the dependant is a minor or an infirm person?

A parent or guardian may complete an Application for Payment of a Death Benefit form on behalf of a child under age 18. The legal personal representative or attorney of an infirm person may complete an Application for Payment of a Death Benefit form on behalf of that person.

If the Trustee decides to pay a benefit to a child under age 18 or any other person lacking legal capacity, the benefit may be paid either to the parent of the child, to the beneficiary's legal personal representative or to a third party trustee for the maintenance, advancement, education or benefit of that person.

How may death benefits be paid?

A death benefit may be paid to a dependant beneficiary as an income stream or a lump sum.

What are the rules for paying income streams to child beneficiaries?

In order to receive a death benefit in the form of an income stream a child must:

- Be less than 18 years of age; or
- Be less than 25 years of age and have been financially dependent on the deceased member; or
- Have a disability that:
 - Is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of impairments;
 - Is permanent or likely to be permanent; and
 - Results in a substantially reduced capacity of the person for communication, learning or mobility and the need for ongoing support services.

Otherwise, the death benefit must be paid to the child as a lump sum.

If death benefits are paid to a child of any age in the form of an income stream, they must be cashed as a lump sum on the earlier of the day on which the:

- Income stream is commuted, and
- The day on which the child attains age 25, unless the child has a disability as described above.

What if the member made a non-binding nomination?

If the member made a valid non-binding nomination with the Trustee before their death, the Trustee will take this nomination into consideration in determining how the member's death benefit will be paid, but is not bound to follow it.

What if the member made a non-lapsing binding nomination?

If the member made a valid non-lapsing binding nomination with the Trustee before their death, and all nominated beneficiaries are alive at the time of the member's death, the Trustee will be bound by this nomination and will pay the member's death benefit in accordance with the nomination.

What tax is payable on death benefits?

Generally, for dependants of the deceased, no tax is payable on receipt of a lump sum death benefit. The taxation of income stream death benefits is complicated, and we recommend that you seek independent professional advice specific to your circumstances.

What steps are involved in the death claim process?

When Simple Choice Super is advised about the death of a member, the Trustee must decide to whom a benefit should be paid. The steps are as follows:

1. An Application for Payment of a Death Benefit form is sent to the potential claimant/s.
2. Claimants will be requested to provide documentation relating to the deceased and minor children when lodging their claim. These include:
 - A certified copy of any signed and dated Will left by the member;
 - A certified copy of the full death certificate which includes the cause of death; and
 - Proof of identity for each person intending to make a claim or claiming on behalf of a minor child.
3. When the form and all documents have been received, we will consider to whom the benefit should be paid. This consideration will include a check to see whether the member made a valid non-lapsing binding nomination. If this is not applicable, we will:
 - Try to identify all the people who might have been dependants of the member; and
 - Examine each person's relationship with, and the extent to which they might have been financially dependent on, the member at the time of their death.
4. If there is no valid non-lapsing binding nomination, we will then determine how the benefit should be paid. This is based on considering:
 - Any Will left by the member and noting when it was written;
 - Any non-binding nomination made by the member;
 - The circumstances of each claimant or other potential beneficiary at the time the member died; and
 - All other relevant information obtained by us.
5. We will write to each person who has made a claim, informing them how it is proposed the benefit will be paid. If there is more than one person, the proposed distribution of the benefit will also be provided.
6. All claimants will be given 28 days to respond and inform us whether or not they agree with the proposal.
7. If no claimant objects to the proposal, the benefit will be paid or commence to be paid. In the case of a lump sum benefit, the benefit will consist of the proportion of the account balance less tax where applicable. If there is an objection to the proposal, we will review it; taking into account the objections and any additional information that is provided. We may also ask for further information to help in the review.
8. When we have considered the matter, we will make a further decision and repeat steps 5, 6 and 7 above. If a claimant remains dissatisfied with the final decision of the Trustee in relation to the distribution of a death benefit, the claimant may then make a complaint to the Australian Financial Complaints Authority (AFCA). Claimants will be informed of their rights in this regard at the same time as they are notified of the Trustee's determination.

Certified copies

Wherever we request certified copies you must ensure that the documents you provide have been certified by an approved person from the list below.

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages of the copy have been certified as true copies by writing or stamping 'certified true copy' followed by:

- Their signature;
- Printed name; and
- Qualification (e.g. Justice of the Peace, Australia Post employee, etc.) and date.

The following people can certify copies of originals documents as true and correct copies:

- A Justice of the Peace
- A police officer, chiropractor, dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon.
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- An Australian consular officer or an Australian diplomatic officer
- A judge of a court or a magistrate
- A teacher employed on a fulltime basis at a school or tertiary institution
- A permanent employee of Australia Post with two or more years of continuous service
- A finance company officer with two or more years of continuous service (with one or more finance companies)
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years' continuous service with one or more licensees.

IMPORTANT - Under superannuation legislation, the Trustee is required to communicate details of its proposed payment to all potential beneficiaries. This means that a person's name and details of their relationship to, or dependence on, the deceased member may be disclosed to other claimants. It may also be disclosed to the Trustee's legal advisors and, if required, to the Australian Financial Complaints Authority (AFCA) or a court.

If one person is coordinating the claims process on behalf of all claimants, sections 1-4 should only be completed once.

Section 1 Personal Details of the Deceased Member

Member Number			
Date of Birth			
Date of Death Please enclose a certified copy of the full Death Certificate			
Given Name(s)			
Surname			
Last Residential Address			
Suburb		State	
		Postcode	

Was the deceased member residing alone at the time of their death? Yes No

If 'no', with whom was the deceased member residing immediately prior to their death?

Given Name(s)			
Surname			

Relationship to the Deceased

Section 2 General Information About Dependants

Provide details below of any surviving spouse or de-facto, and/or any surviving children, of the deceased member. (See the Important Information above for definitions)

If there are more than four dependants, please copy this section or provide the requested details of each additional dependant on a separate sheet and attach the copies or sheets to this application.

Dependant 1

Given Name(s)

Surname

Residential Address

City

State

Postcode

Relationship with the Deceased

Length of Relationship

Age of Dependant

Was this person financially dependent on the deceased member?

Yes

No

Dependant 2

Given Name(s)

Surname

Residential Address

City

State

Postcode

Relationship with the Deceased

Length of Relationship

Age of Dependant

Was this person financially dependent on the deceased member?

Yes

No

Dependant 3

Given Name(s)

Surname

Residential Address

City

State

Postcode

Relationship with the Deceased

Length of Relationship

Age of Dependant

Was this person financially dependent on the deceased member?

Yes

No

Dependant 4

Given Name(s)

Surname

Residential Address

City

State

Postcode

Relationship with the Deceased

Length of Relationship

Age of Dependant

Was this person financially dependent on the deceased member?

Yes

No

Section 3 Financial Dependents and Persons with an Interdependency Relationship

List any other person(s), including parents, who was/were financial dependent on, or in an interdependent relationship with, the deceased member at the time of their death. (See the Important Information above for definitions.)

If there are more than four financial dependants or interdependents, please copy this section or provide the requested details of each additional dependant on a separate sheet and attach the copies or sheets to this application.

Financial Dependant or Interdependent 1

Given Name(s)

Surname

Residential Address

City

State

Postcode

Relationship with the Deceased

Length of Relationship

Age of Dependant

Was this person financially dependent on the deceased member?

Yes

No

Was this person in an interdependent relationship with the deceased member?

Yes

No

Financial Dependant or Interdependant 2

Given Name(s)

Surname

Residential Address

City

State

Postcode

Relationship with the Deceased

Length of Relationship

Age of Dependant

Was this person financially dependent on the deceased member?

Yes

No

Was this person in an interdependent relationship with the deceased member?

Yes

No

Financial Dependant or Interdependant 3

Given Name(s)

Surname

Residential Address

City

State

Postcode

Relationship with the Deceased

Length of Relationship

Age of Dependant

Was this person financially dependent on the deceased member?

Yes

No

Was this person in an interdependent relationship with the deceased member? Yes No

Financial Dependant or Interdependant 4

Given Name(s)

Surname

Residential Address

City

State

Postcode

Relationship with the Deceased

Length of Relationship

Age of Dependant

Was this person financially dependent on the deceased member? Yes No

Was this person in an interdependent relationship with the deceased member? Yes No

Section 4 Will, Probate and/or Letters of Administration

Did the deceased member leave a Will? Yes No

Has probate been applied for? Yes No

If 'yes', has probate been received? Yes No

Have Letters of Administration been applied for? Yes No

If 'yes' have Letters of Administration been received? Yes No

* If you selected 'yes' to one of more of these questions, please attach a certified copy of the document. If the total death benefit is less than \$1,000, the copy of the document does not need to be certified.

Declaration in Respect of Information Provided in Sections 1, 2, 3 and 4

- I declare that all of the information provided in Sections 1, 2, 3 and 4 above is to the best of my knowledge true and correct.
- I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.

x

Signature

Date

Print Name

Section 5 Intention to Claim a Death Benefit

Each person who was a nominated beneficiary or dependant of the deceased member, and who wishes to be considered for payment of a death benefit, must complete and sign Sections 5 - 7 and the accompany Declaration of this application. If you do not wish to be considered for payment of a death benefit, please complete Section 8 instead.

Please copy this page to enable each person to complete their individual claim. If a claim is being completed on behalf of a minor or infirm person, it must be signed on their behalf by their legal guardian.

Given Name(s)				
Surname				
Mobile Phone Number				
Email Address*				
Tax File Number^				
Residential Address				
City		State		Postcode

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Simple Choice Super on **02 8556 7576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

^ Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your TFN, but if you don't, the death benefit may be paid to you at your top marginal tax rate.

Relationship with the Deceased	Length of Relationship	Age of Dependand

Was this person financially dependent on the deceased member? Yes No

Was this person in an interdependent relationship with the deceased member? Yes No

If 'yes' to either of the above questions, please provide specific details below of how dependent or interdependent the person was with the deceased member at the time of their death. Please attach any additional relevant information to this application.

Section 6 Payment of Death Benefit

Each person who was a nominated beneficiary or dependant of the deceased member, and who wishes to be considered for payment of a death benefit, must complete and sign Sections 5 - 7 of this application, and the accompany declaration. If you do not wish to be considered for payment of a death benefit, please complete Section 8 instead.

Please copy this page to enable each person to complete their individual claim.

If the Trustee approves the payment of a benefit to you, please specify your bank account details so that payment can be enacted.

Account Name*

Name of Financial Institution

BSB

Account Number

* We can only make payments into an Australian bank, credit union or building society account that's in your name or held jointly in your name with another person.

Section 7 Verification of Identity

Please select **one** of the two options below.

Option 1 – I want to attach paper copies of certified ID

You must provide photocopies of **at least two** of the following - Australian Passport, Australia Driver's Licence, Medicare Card. Each page must be correctly certified as a true copy. For more information, see the **Providing Certified Identification Factsheet** available at www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

If the documents you provide are not correctly certified or are unable to be read, you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party id validation provider, including confirming your document is valid with the original document issuer.

Option 2 – I want to use electronic verification

By providing the information below, you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third-party id validation provider, including confirming your document is valid with the original document issuer.

You must provide **at least two** of the following (if you are unable to provide this information you will need to provide certified ID as per option 1):

Australian Passport Please complete the details exactly as they appear on your Passport

Passport Number

First Name

Last Name

Date of Birth

Sex



Medicare Card Please complete the details exactly as they appear on your Medicare Card

Card Number	<input type="text"/>	Reference Number	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Card Expiry Date	<input type="text"/>

Australian Drivers Licence Please complete the details exactly as they appear on your Licence

Licence Number	<input type="text"/>	State of Issue	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>		

Declaration in Respect of Information Provided in Sections 5, 6 and 7

- I declare that all of the information provided in Sections 5 and 6 above, and in any attachments that I have submitted with respect to Section 7, is to the best of my knowledge true and correct.
- I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.

x

.....
Signature of claimant

...../...../.....
Date

x

.....
Signature of witness

...../...../.....
Date

.....
Print name

.....
Capacity

Section 8 Intention not to Claim a Death Benefit

Each person who was a nominated beneficiary or dependant of the deceased member and who intends **not to be** considered for payment of a death benefit, must complete and sign this section of the application.

If more than one person intends not to claim, please copy this section for each person to complete.

Given Name(s)	<input type="text"/>
Surname	<input type="text"/>
Mobile Phone Number	<input type="text"/>



Email Address*

Residential Address

City

State

Postcode

I do not wish to be considered for payment of a death benefit in respect of the deceased member named in Section 1 of this application.

By signing below, I hereby irrevocably renounce any and all right or interest in the benefit payable following the death of the deceased member and acknowledge and understand that:

- Signing this renunciation will mean that I will not receive any monetary payment from the Trustee in relation to the death of the deceased member.
- The Trustee of Simple Choice Super will rely on the renunciation in determining how to distribute the deceased member's death benefit among the remaining eligible claimants.
- Signing this renunciation may result in the deceased member's death benefit being distributed to a person or persons contrary to any preference that I made known to the Trustee as part of this death benefit process.
- This renunciation is binding on me, my heirs, executors, legal representatives and assigns.
- I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.

x

.....

Signature

...../...../.....

Date

.....

Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au, phone 02 8556 7576 or email us at info@simplechoicesuper.com.au.

Processing Checklist

The Trustee will not begin assessing your application until all of the following have been received:

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Certified copy of the full death certificate | <input type="checkbox"/> | Certified copy of a change of name document (if applicable) |
| <input type="checkbox"/> | Certified copy of the deceased's Will (if applicable) | <input type="checkbox"/> | Certified copy of any minor child's birth certificate (if applicable) |
| <input type="checkbox"/> | Certified copy of the Probate (if applicable) | <input type="checkbox"/> | Certified ID documents for each person making a claim (if applicable) |
| <input type="checkbox"/> | Certified copy of the Letters of Administration (if applicable) | | |