



A90  
07/15

## Application for Estate Benefits on death of an Associate

### Who should use this form?

This form should be completed if you are claiming a benefit in respect of a deceased Associate of MilitarySuper who is not survived by an eligible spouse, child or children.

### Associate A and Associate B benefits

The deceased's benefit may consist of one or both of the following:

Associate A benefit – is a taxed benefit that is held for a person as units in one or more Investment Divisions in MilitarySuper.

Associate B benefit – is an untaxed benefit that is indexed annually at the long-term bond rate.

### Payment

Lump sum payments are normally paid within 15 working days after the date the Delegate approves an application.

There is no pension option available.

Rollover cheques are normally paid within 15 working days after the date we receive all necessary documentation to enable us to process your application.

### For more information

If you wish, you can seek further information on your options and completion of this form from us on **1300 006 727**.

You can also read the **MilitarySuper Product Disclosure Statement (PDS)** available at [militarysuper.gov.au](http://militarysuper.gov.au)

A Financial Advisor may also be able to assist.

### 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 the privacy policies and notice, available at [militarysuper.gov.au](http://militarysuper.gov.au) or by contacting us on **1300 006 727**, for the purpose of managing your super. This includes the management of superannuation investments, providing superannuation products and information, the administration of accounts, conducting market research and product development. 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.

*You do not need to return this page with your form.*

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## Application for Estate Benefits on death of an Associate

### PART A

#### About the deceased

- Service  Navy  Army  RAAF  
Service number/Employee ID
- Title  Mr  Mrs  Ms  Miss  Other   
Surname   
Given name(s)
- Former surname (if applicable)
- Date of birth  /  /
- Date of death  /  /

Please attach a certified copy of the death certificate or forward later when available.

### PART B

#### Your details

- Title  Mr  Mrs  Ms  Miss  Other
- Surname
- Given name(s)
- Date of birth  /  /
- Postal address   
  
SUBURB  STATE  POSTCODE
- Residential address   
  
SUBURB  STATE  POSTCODE

*Part B continued on next page*

11. Was the deceased married, or living with a person of the opposite sex?

Yes

No

Person's name

Person's address

SUBURB

STATE

POSTCODE

12. Did the deceased have any children under age 25?

Yes

No

Child's name

Guardian's name

Child's/Guardian's address

SUBURB

STATE

POSTCODE

If there is more than one child/guardian, please attach another sheet with these details.

## PART C

### About the person handling the affairs of the Estate

13. Name

14. Firm name (if applicable)

15. Date of birth

D D / M M / Y Y Y Y

16. Postal address

SUBURB

STATE

POSTCODE

Residential address

SUBURB

STATE

POSTCODE

17. Contact details

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

FAX NUMBER

The person handling the affairs of the Estate is required to provide identification details which **total at least 100 points** in accordance with **Part F**. Please note that beneficiaries who are entitled to 25% or more of the Estate are also required to provide identification details which **total at least 100 points** in accordance with **Part F**. Please attach multiple copies of **Part F** with required attachments (if any) and information.



Full name of other Beneficiary	[Grid for name]																																					
Date of birth	D D		/		M M		/		Y Y Y Y				[Grid for date]																									
Residential address	[Grid for address]																																					
	[Grid for address]																																					
	SUBURB										STATE					POSTCODE																						
	[Grid for suburb]										[Grid for state]					[Grid for postcode]																						
Beneficiary's signature	SIGNATURE													Date signed																								
	D D		/		M M		/		Y Y Y Y				[Grid for signature and date]																									
Full name of other Beneficiary	[Grid for name]																																					
Date of birth	D D		/		M M		/		Y Y Y Y				[Grid for date]																									
Residential address	[Grid for address]																																					
	[Grid for address]																																					
	SUBURB										STATE					POSTCODE																						
	[Grid for suburb]										[Grid for state]					[Grid for postcode]																						
Beneficiary's signature	SIGNATURE													Date signed																								
	D D		/		M M		/		Y Y Y Y				[Grid for signature and date]																									

If there are more than three other beneficiaries, please attach another sheet with these details.  
Please attach multiple copies of **Part F** with required attachments (if any) and information.

## PART E

### Payment details

23. Please provide details of the account you want the benefit paid into. The account must be in Australia.

Type of financial institution	<input type="radio"/> Savings bank <input type="radio"/> Building Society <input type="radio"/> Trading bank <input type="radio"/> Credit union
Name of institution	[Grid for name]
Name of account holder	[Grid for name]
Branch location	[Grid for location]
Branch (BSB) number	[Grid for BSB number]
Account number	[Grid for account number]

## PART F

### Identification requirements

24. To protect your benefit against fraud, money laundering and terrorism financing, under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* you must prove your identity. To do this you can either: Choose to have documents verified electronically by completing the section **Verify my identity electronically**.

**OR**

Provide certified hard copy documents by completing the section **Verify my identity using certified documents**.

An electronic copy of 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 purposes of confirming your identity.



**Note that if you do not agree, you will need to provide certified hard copy documents and complete the section 'Verify my identity using certified documents.'**

### Verify my identity electronically

Your documents will be verified electronically using Document Verification Service (DVS), 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.

**I agree to the use of DVS to verify my documents**

You need to provide the requested details of documents (exactly as they appear on the documents) which **total at least 100 points**. For example your birth certificate and driver's licence total 110 points.

### 70 points

You can only provide the details of **one** document valued at 70 points.

#### Australian Birth Certificate

Family name:

Given name(s):

Birth date:  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Registration State:

Registration No:

Registration date:  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Date printed:  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Certificate No:

**OR**

#### Australian Citizenship Certificate

Family name:

Given name(s):

Date of birth:  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Stock No:

Acquisition date:  <sup>D</sup>  <sup>D</sup> /  <sup>M</sup>  <sup>M</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

*Part F continued on next page*

**OR**

**Current Australian Passport**

Family name:

Given name(s):

Date of birth:  /  /

Document No:

Gender:  Male  Female

**40 points**

**Australian Driver's Licence or another licence or permit issued under a law of the Commonwealth, a state or territory**

Family name:

Given name:

Middle name:

Date of birth:  /  /

Licence No:

State of issue:

**25 points**

You can provide the details of more than one document valued at 25 points and points will accumulate.

**Marriage Certificate or Change of Name Certificate**

Type of Certificate  Marriage  Change of Name

Family name (new):

Given name(s) (new):

Family name (old):

Given name(s) (old):

Date of event: (Date of Birth or Date of Marriage)  /  /

Registration No:

Spouse's Family name:

Spouse's Given name(s):

Registration State:

Registration date:  /  /

Registration year:

Date printed:  /  /

Certificate No:

Part F continued on next page







## PART H

### Declaration

26. 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 or documents.
- I understand that if all the required information has not been provided, this application may be returned to me for completion and payment may be delayed.

Your signature

SIGNATURE
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Date signed

D	D	/	M	M	/	Y	Y	Y	Y
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## PART I

### Privacy

27.  I do not want my contact details passed to an independent firm commissioned for the purpose of participating in research on the service provided by CSC.

## PART J

### Lodgement

28. Send your completed application and attachments to:
- MilitarySuper**  
**GPO Box 2252**  
**Canberra ACT 2601**

END FORM