

# Death Claim Information Form

June 2024

## OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673  
347 Kent Street, Sydney NSW 2000

## Customer Services

**Phone** 133 665  
**Email** [client@onepathsuperinvest.com.au](mailto:client@onepathsuperinvest.com.au)  
**Website** [onepathsuperinvest.com.au](http://onepathsuperinvest.com.au)

Please note:

- This form must be completed in full to enable processing of your claim.
- Please attach a separate sheet if you require more room for a particular answer.
- Please complete and return this form to OnePath Custodians, GPO Box 5306, Sydney NSW 2001. Email: [superclaims@insigniafinancial.com.au](mailto:superclaims@insigniafinancial.com.au)

Membership Number(s)

## Name of Deceased

Surname

Given name(s)  
(including middle name)

Residential Address

State  Postcode

Date of Death (dd/mm/yyyy)  /  /  DOB  /  /

Cause of Death

## Marital Status at the Date of Death

Please select the option/s that best describe the Member's marital status at the time of death:

- Married
  Divorced
  Never married
  Married but separated
  Widowed
  De facto
- Permanently separated from spouse or de facto partner
  Never married and never in a de facto relationship

Please provide full details of **all** of the Member's spouses at the time of death. If the Member was never married or in a de facto relationship, state "Not Applicable" below.

Name (please include the names of the deceased partners where applicable)	Nature of Relationship	Address	Date of Marriage or Cohabitation (mm/yyyy)	Date of Divorce or Permanent Separation (if applicable)
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### For example:

Jan Jones	Ex Spouse	1 Same St, Island Town 1234	01 / 1935	01 / 1948
Mary Sample	Spouse	2 Bea Rd, Anytown 1357	01 / 1950	
			/	/
			/	/
			/	/
			/	/

## Other dependants at the Time of Death

A Dependant includes the Member's spouse (including de-facto spouse), **all** children (including step, adopted, ex-nuptial and posthumous natural children) regardless of a child's age and financial situation, any person who was financially dependant on the deceased or in an interdependent relationship with the member. If there are no Dependants then please write "Nil" across this section. For more information on Dependants, please refer to Death claim guide.

Please list **all** of the Member's Dependants who were alive at the time of the Member's death.

Dependant Name	Age	Name of Custodian or Guardian	Address	Relationship to Member	Financial Dependant?
<b>For example:</b>					
Mary Sample	72		1 Same St, Island Town 1234	Widow	Yes
Paul Citizen	38		2 Bea Rd, Anytown 1357	Step Child	No

## State of Affairs at the Time of Death

Please answer the following questions regarding the state of the Member's affairs at the time of death:

- Did the Member pass away leaving a Last Will and Testament? .....  Yes  No
- If you answered **yes** to question 1, will a Grant of Probate be sought? .....  Yes  No
- If you answered **no** to question 1, will Letters of Administration be sought? .....  Yes  No
- Is the estate solvent? .....  Yes  No  
(If the assets excluding super exceeds liabilities in the estate).

## Document Checklist

Any information which will assist the Trustee in reviewing the Death Claim

To determine what documents are necessary, please complete the following checklist. Please ensure you attach **certified copies** of all required documents.

Document	When required	Attached?
1. Member's full Death Certificate (not an extract):	Required in all cases as a proof of Member's death.	<input type="checkbox"/>
2. Member's Birth Certificate or Passport:	Required in all cases as a proof of Member's age.	<input type="checkbox"/>
3. Evidence of Name Change:	Required where the Member had a name change.	<input type="checkbox"/>
4. Last Will and Testament:	Required if the Member left a Last Will & Testament (required for Estate payment)	<input type="checkbox"/>
5. Grant of Probate or Letters of Administration:	Required where either of these items has already been obtained.	<input type="checkbox"/>
6. Marriage Certificate or Divorce Certificate (if applicable)	Required where the Member was married or divorced.	<input type="checkbox"/>

Please include an original certified copy of your identification or alternatively please complete the Electronic Verification form to enable us to electronically verify your identity.

## Details of the Person completing this form

Surname

Given name(s) (including middle name)

Residential Address

State  Postcode

Relationship to deceased  Telephone Number

Email address

Preferred Method of Contact  Post  Email  Third Party Representative (Please provide written confirmation of your authority)

## Payment Details

### A. Lump Sum (Individual or Estate Bank Account)

Payment of benefit by cheque

cheque payable to

(Note that we cannot make a third party payment, account of beneficiary or recipient of benefit only)

and to be posted  
to (Address)

State

Postcode

OR

Payment of benefit by direct deposit

Financial Institution

Branch

Account name

BSB number

Account number

Swift code

(international funds transfer)

### B. Income Stream (commencement of Death Benefit Pension)<sup>+</sup>

If eligible and you wish to receive the benefit as an income stream by commencing a new pension account, please provide the following rollover details:

(Note that a new pension application may need to be completed)

Product name

Account number

### C. Death Benefit Rollover<sup>+</sup>

If eligible and you wish to rollover the death benefit, please provide the following rollover details:

Name of receiving rollover institution

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

Account/Reference Number

Address of receiving rollover institution

Suburb/Town

State

Postcode

Contact number of  
receiving rollover institution

\*Specific instructions if Payment required is a combination of (lump sum and income stream) Note: to state the percentage or amount of split.

<sup>+</sup> If you wish to discuss whether this option suits your personal circumstances, you may wish to speak with your financial adviser (if you have one). Alternatively, please visit the Australian Taxation Office's website [www.ato.gov.au](http://www.ato.gov.au) or phone 13 10 20.

### D. Tax File Number Declaration

Tick one of the following:

I am a financial dependent of the Late Member and my TFN is:

I am a non-financial dependant of the Late Member and my TFN is:

Tax File Number  -  -

If you are the Executor/Administrator of the Estate of the deceased, please provide the Estate's TFN, not your own.

We are authorised to collect your TFN under taxation law. Your TFN will be used to help determine the appropriate PAYG withholding that may apply to your death benefit lump sum. It is not an offence to not provide your TFN, however without your TFN we may be required to withhold tax from your death benefit at a higher rate than otherwise required.

## Declaration

I, (Name)

of (Address)

declare that I am over 18 years of age and I am legally entitled to claim the proceeds of the death benefit of the Deceased or to act on behalf of a person who is so entitled. I agree to indemnify the Trustee for any loss it may incur in paying the proceeds to me. I declare that the information I have given in this form is true and correct in every particular.

I acknowledge that I have read and understood the 'Privacy Statement' contained in this form. Where I have provided personal information of other individuals, I have obtained their consent to do so and shared a copy of the Privacy Statement with them.

Signature of Claimant  Date (dd/mm/yyyy)

Signature of Witness<sup>†</sup>  Date (dd/mm/yyyy)

Name of Witness  
(Please print name)

Occupation

<sup>†</sup> Signature to be witnessed by anyone who is prescribed as being able to witness a Statutory Declaration under the *Statutory Declarations Regulations 2023 (Cth)*. For example, Australia Post employee, Bank Officer (both must have 5 years continuous service), Justice of the Peace or legal practitioner.

# Know your customer – identification requirements

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act) requires us to verify your identity before we make a payment of your super.

The information outlined below relates to individuals (including those investing on behalf of a child), joint investors and sole traders only. To verify your identity please send in original certified copies (not original documents) of the following:

A certified copy of an original primary photographic document

**OR**

A certified copy of an original primary non-photographic document; **AND** a certified copy of an original secondary identification document

For more information about certified copies of documents, please refer to next page.

## List of acceptable documents

### Primary photographic identification type

- Current Australian Passport
- Expired Australian passport which has not been cancelled and was current within the preceding two years
- Current Australian driver's licence
- Proof of Age card issued by the Australian Government
- Current Foreign passport issued by a foreign government or the United Nations\*
- A national identity card issued by a foreign government or the United Nations\*
- Australian Firearms/shooting licence

### Primary non-photographic identification document type

- Australian Visa
- A government issued concession card, such as a pensioner concession card, a health care card, or a senior's health care card
- Birth certificate or birth extract by an Australian state or Territory government
- Birth certificate issued by a foreign government, the UN or an agency of the UN\*
- Citizenship certificate issued by the Commonwealth
- Citizenship certificate issued by a foreign government\*

### Secondary identification document types

- A Medicare card
- A municipal council rates notice or a utility bill (such as a water, gas or electricity bill) that contains the person's name and residential address, issued in the past three months
- Current Overseas driver's license containing a photograph of the person\*
- Bank Statement issued in the past three months
- Credit card
- Australian Government issued competency card
- Australian Government issued companion card
- Student ID card
- Aviation Security Identification card
- Maritime Security Identification card
- Australian Tax Office Assessment issued in the last twelve months
- Rental agreement issued in the last three months
- Professional or Trade Association card

\* Please note: if a foreign document is written in a language other than English, please attach a certified copy of the translation prepared by an accredited translator, either an overseas Australian Embassy or Consulate or an approved translator listed in the National Accreditation Authority for Translators and Interpreters (NAATI) – only available within Australia.

## Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

## Privacy Statement

### Providing your information to others

Any personal information (including sensitive information where required and authorised) provided to the Trustee will be used for the purpose of administering the death benefit, including determining potential beneficiaries and processing payments as relevant.

For the purpose of providing this service, the Trustee may disclose personal information to its bodies corporate, professional advisers, banks and other financial institutions. The Trustee is required to collect this information under the Superannuation Industry (Supervision) Act 1993, and anti-money laundering laws. If I do not provide all requested information, the Trustee may not be able to action my request.

To verify my identity, the Trustee may also solicit personal information about me from reliable identity verification providers.

The trustee may disclose my personal information to recipients outside Australia and/or do not carry on business in Australia. More information in relation to overseas disclosure can be found in the Trustee's privacy policy. Any overseas disclosure will not affect the Trustee's commitment to safeguarding my personal information and the Trustee will take reasonable steps to ensure any overseas recipient complies with Australian privacy law.

I understand my personal information will be handled in accordance with the Trustee's privacy policy. This policy contains information on the location of overseas recipients, how I may access or correct personal information held by the Trustee and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the Trustee's privacy policy by contacting **133 665** or by visiting **[onepathsuperinvest.com.au/about-us/privacy-policy](https://onepathsuperinvest.com.au/about-us/privacy-policy)**