

# Death Claim Information Form

1 August 2022

**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  
**Website** 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, PO Box 5306, Sydney NSW 2001. Email: superclaims@onepathsuperinvest.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)  /  /  Age Last Birthday  Occupation

Cause of Death  Duration of Illness

## 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:

1. Married .....
2. Divorced .....
3. In a de facto relationship .....
4. Widowed .....
5. Permanently separated from spouse or de facto partner .....
6. Never married and never in a de facto relationship .....

## Relationship History

If you did not select option 6 for the Member's marital status at the time of death, please provide full details of **all** of the Member's spouses and de facto partners throughout their life, not just the partner at the time of death.

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	
			/	/
			/	/
			/	/
			/	/

## 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:

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

## 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, and any person who was wholly or partially interdependent on the Member. If there are no Dependants then please write "Nil" across this section.

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

## Document Checklist

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 Death Certificate:	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	<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. Complete list of Assets and Liabilities:	Required where there is a Legal Personal Representative of the estate.	<input type="checkbox"/>

## Details of the Person completing this form

Surname

Given name(s)  
(including middle name)

Residential Address

State  Postcode

Relationship to deceased  Telephone Number

## Payment Details

### A. Lump Sum

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

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 be need to be completed)

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

### C. Death Benefit Rollover

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.

### D. Tax File Number Declaration

Your Tax File Number  -  -

#### Information you should know about providing your Tax File Number (TFN)

Your TFN is confidential and you should know the following before you decide to provide it to us:

- The Trustee is authorised to collect your TFN under tax laws, the *Superannuation Industry Supervision Act 1993* and the *Privacy Act 1988*.
- If you do provide your TFN to us, we will only use it for legal purposes. This include finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation payment you may be entitled to and providing information to the Commissioner of Taxation such as reporting details of contributions for the purposes of the co-contribution, lost member reporting and monitoring of contribution caps and administration of the government co-contribution and low income superannuation contribution.
- If you do provide your TFN to us, we may provide it to the trustee of another superannuation fund or a RSA provider where the trustee or RSA provider is to receive your transferred benefits in the future.
- We will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on.
- Your TFN will be treated as confidential.

## Declaration

I, (Name)

of (Address)

hereby declare that I am over 18 years of age and that I may be legally entitled to claim the proceeds of the said policy/ies, being the

\*

of the Deceased, and hereby undertake to indemnify the Trustee against any loss it may incur in paying the proceeds to me, should I be called upon to do so, and that the particulars which are given above are true and correct in every particular.

\* Here state in what capacity you claim, whether as a Father, Mother, Widow, Widower, or other relation, or as a Proponent, Assignee, Trustee, Beneficiary, Executor, or Administrator of the Estate, etc.

I acknowledge that I have read, understood and agree to the 'Privacy Information and Consents' contained in this form. I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in OnePath Custodians' Privacy Policy which is available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy) I understand that OnePath Custodians will not be able to process my claim without this information.

Signature of Claimant

Date (dd/mm/yyyy)

Signature of Witness†

Date (dd/mm/yyyy)

Name of Witness

(Please print name)

Occupation

† Signature to be witnessed by anyone who is prescribed as being able to witness a Statutory Declaration under the *Statutory Declarations Regulations 2018*. For example, Australia Post employee, Bank Officer (both must have 5 years continuous service), Justice of the Peace or legal practitioner, except when signed in the presence of an Officer of the Trustee.

## Privacy Statement

In this section “we”, “us” and “our” refers to OnePath Custodians and other members of Insignia Financial Group.

We collect your personal information (including health and other sensitive information) from you to manage and administer our products and services. We may need to disclose it to certain third parties. Without your personal information, we may not be able to process your application/contributions or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information.

In order to issue and undertake the management and administration of our product issue and services, it may be necessary for us to disclose your personal information to certain third parties including relevant group life insurers such as Zurich.

Unless you consent to such disclosure we will not be able to consider the information you have provided and may not be able to provide you with the product or service you have requested.

### Providing your information to others

The parties to whom we may routinely disclose your personal information (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud,
- our related companies which will use the information for same purposes as us and will act under our privacy policy,
- organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions and undertake analytics activities,
- organisations performing administration and compliance functions in relation to the products and services we provide,
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers),
- our solicitors or legal representatives,
- organisations maintaining our information technology systems,
- organisations providing mailing and printing services, persons who act on your behalf (such as your agent or financial adviser),
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

The *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund.

There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

### Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy)

### Overseas recipients

We may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia. You can find details about the location of these recipients in our Privacy Policy at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy)

### Marketing & privacy

We and other members of the Insignia Financial Group may use your personal information (including health and other sensitive information) to send you information about our financial products or services from time to time. We and Insignia Financial may also disclose your personal information (including health and other sensitive information) to our related companies and organisations in an arrangement or alliance with us and/or Insignia Financial to share information for marketing purposes. This is to enable them or Insignia Financial to tell you about a product or service offered by them or a third party with whom they have an arrangement.

If you do not want us to use and disclose your information as set out above, **phone Customer Services on 133 665** to withdraw your consent. If you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions, please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

## **Privacy policy**

Our Privacy policy contains information about:

- when we may collect information from a third party,
- how you may access and seek correction of the personal information we hold about you,
- and how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

### **OnePath Custodians**

**GPO Box 5367**

**Sydney NSW 2001**

**Phone 133 665**

**Email [privacy.officer@ioof.com.au](mailto:privacy.officer@ioof.com.au)**

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed please let us know by contacting Customer Services.

More information can be found in our Privacy Policy which can be obtained from our website at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy)