

DEATH BENEFIT CLAIM FORM

Tidswell Superannuation Fund

Use this form to apply for payment of a death benefit. Please print clearly in the spaces provided using CAPITAL letters and a black or blue pen. Place a tick in any applicable boxes.

1. Claimant's details

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	Surname	Given name(s)	
<input type="text"/>		<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="text"/>
Date of birth (DD/MM/YYYY)		Gender	Tax file number
<input type="checkbox"/> Spouse/De facto	<input type="checkbox"/> Child	<input type="checkbox"/> Financial Dependant	<input type="checkbox"/> Interdependency Relationship
Relationship to the deceased		<input type="checkbox"/> Legal Personal Representative	
<input type="text"/>			
Residential address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	
<input type="text"/>			
Postal address (Complete if different to residential address)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>		
Contact phone number	Email address		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Financially dependent on the deceased (tick one)		Residing with the deceased immediately prior to death (tick one)	

2. Deceased member's details

<input type="text"/>	<input type="text"/>		
Member number	Product type		
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	Surname	Given name(s)	
<input type="text"/>		<input type="text"/>	
Date of birth (DD/MM/YYYY)		Date of death (DD/MM/YYYY)	
<input type="text"/>			
Residential address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	
<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="text"/>
Former Employers Name (if any)	Gender	Tax file number	

3. Deceased member's family details

Please provide details of any surviving spouse, de facto and/or children of the deceased. If there are more than four dependants, please copy this section or attach the relationship details to this application.

Relationship 1

The claimant from section 1 is relationship 1 (tick if appropriate)

Title Surname Given name(s)

Date of birth (DD/MM/YYYY) Male Female Tax file number

Spouse/De facto Child Financial Dependant Interdependency Relationship Legal Personal Representative

Relationship to the deceased (tick one)

Residential address
 Suburb State Postcode

Postal address (Complete if different to residential address)
 Suburb State Postcode

Contact phone number Email address
 Yes No Yes No

Financially dependent on the deceased (tick one) Residing with the deceased immediately prior to death (tick one)

Relationship 2

Title Surname Given name(s)

Date of birth (DD/MM/YYYY) Male Female Tax file number

Spouse/De facto Child Financial Dependant Interdependency Relationship Legal Personal Representative

Relationship to the deceased (tick one)

Residential address
 Suburb State Postcode

Postal address (Complete if different to residential address)
 Suburb State Postcode

Contact phone number Email address
 Yes No Yes No

Financially dependent on the deceased (tick one) Residing with the deceased immediately prior to death (tick one)

3. Deceased member's family details continued

Relationship 3

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Tax file number
<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Interdependency Relationship <input type="checkbox"/> Legal Personal Representative	Relationship to the deceased (tick one)	
<input type="text"/>		
Residential address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>		
Postal address (Complete if different to residential address)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	
Contact phone number	Email address	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financially dependent on the deceased (tick one)	Residing with the deceased immediately prior to death (tick one)	

Relationship 4

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Tax file number
<input type="checkbox"/> Spouse/De facto <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Interdependency Relationship <input type="checkbox"/> Legal Personal Representative	Relationship to the deceased (tick one)	
<input type="text"/>		
Residential address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>		
Postal address (Complete if different to residential address)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	
Contact phone number	Email address	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financially dependent on the deceased (tick one)	Residing with the deceased immediately prior to death (tick one)	

4. Deceased member's financial dependants or interdependants

Please provide details of any financially dependent or interdependent individuals. If there are more than four dependants, please copy this section or attach the relationship details to this application.

Relationship 1

The claimant is relationship 1 (tick if appropriate)

Title Surname Given name(s)

Date of birth (DD/MM/YYYY) Male Female Tax file number

Spouse/De facto Child Financial Dependand Interdependency Relationship Legal Personal Representative

Relationship to the deceased (tick one)

Residential address

Suburb State Postcode

Postal address (Complete if different to residential address)

Suburb State Postcode

Contact phone number

Email address

Yes No

Yes No

Financially dependent on the deceased (tick one)

Residing with the deceased immediately prior to death (tick one)

Relationship 2

Title Surname Given name(s)

Date of birth (DD/MM/YYYY) Male Female Tax file number

Spouse/De facto Child Financial Dependand Interdependency Relationship Legal Personal Representative

Relationship to the deceased (tick one)

Residential address

Suburb State Postcode

Postal address (Complete if different to residential address)

Suburb State Postcode

Contact phone number

Email address

Yes No

Yes No

Financially dependent on the deceased (tick one)

Residing with the deceased immediately prior to death (tick one)

4. Deceased member's financial dependants or interdependants continued

Relationship 3

Title Surname Given name(s)

Date of birth (DD/MM/YYYY) Male Female Tax file number

Spouse/De facto Child Financial Dependant Interdependency Relationship Legal Personal Representative

Relationship to the deceased (tick one)

Residential address

Suburb State Postcode

Postal address (Complete if different to residential address)

Suburb State Postcode

Contact phone number Email address

Yes No Yes No

Financially dependent on the deceased (tick one) Residing with the deceased immediately prior to death (tick one)

Relationship 4

Title Surname Given name(s)

Date of birth (DD/MM/YYYY) Male Female Tax file number

Spouse/De facto Child Financial Dependant Interdependency Relationship Legal Personal Representative

Relationship to the deceased (tick one)

Residential address

Suburb State Postcode

Postal address (Complete if different to residential address)

Suburb State Postcode

Contact phone number Email address

Yes No Yes No

Financially dependent on the deceased (tick one) Residing with the deceased immediately prior to death (tick one)

7. Declaration

Commonwealth Government of Australia
Statutory Declaration Act 1959 (Cth)

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959 (Cth), and I believe that the statements in this declaration are true in every particular and if any answers are not in my handwriting or attached to this form, I declare I have checked them and they are correct.

Name of person making the declaration

Print full name

Signature of person making the declaration

Declared at (place declared)

On (date declared)

Signature of person before whom the declaration is made

Before me, person whom the declaration is made

Print full name

Qualification(s) of person before whom the declaration is made (please print)

Address of person before whom the declaration is made

Suburb

State

Postcode

Please refer to page 6 for a list of persons before whom a statutory declaration may be made.

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Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see section 11 of the Statutory Declarations Act 1959 (Cth).

Note 2: Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 – see section 5A of the Statutory Declarations Act 1959 (Cth).

A Statutory Declaration under the Statutory Declarations Act 1959 (Cth) may be made before:

- 1) A person who is currently licenced or registered under law to practice in one of the following operations: Chiropractor, Dentist, Legal Practitioner, Medical Practitioner, Nurse, Optometrist, Patent Attorney, Pharmacist, Physiotherapist, Psychologist, Trade Marks Attorney, Veterinary Surgeon.
- 2) A person who is enrolled on the roll of the Supreme Court of the state or territory, or the High Court of Australia, as a legal Practitioner (however described); or a person on the following list:
 - Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
 - Bailiff
 - Bank officer with 5 or more continuous years of service
 - Building society officer with 5 or more continuous years of service
 - Chief executive officer of a Commonwealth court
 - Clerk of a court
 - Commissioner for Affidavits
 - Commissioner for Declarations
 - Credit union officer with 5 or more years of continuous service
 - Employee of the Australian Trade Commission who is
 - a) in a country or place outside of Australia; and
 - b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
 - c) exercising his or her function in that place
 - Employee of the Commonwealth who is
 - a) in a country or place outside of Australia; and
 - b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
 - c) exercising his or her function in that place
 - Fell of the National Tax Accountants' Association
 - Finance company officer with 5 or more years of continuous service
 - Holder of a statutory office not specified in another item in this Part
 - Judge of a court
 - Justice of the Peace
 - Magistrate
 - Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
 - Master of a court
 - Member of Chartered Secretaries Australia
 - Member of Engineers Australia, other than at the grade of student
 - Member of the Association of Taxation and Management Accountants
 - Member of the Australian Defence Force who is:
 - a) an officer; or
 - b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1985 with 5 or more years of continuous service; or
 - c) a warrant officer within the meaning of that Act
 - Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
 - Member of:
 - a) the Parliament of the Commonwealth; or
 - b) the Parliament of a State; or
 - c) a Territory legislature; or
 - d) a local government authority of a State or Territory
 - Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
 - Notary public
 - Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
 - Permanent employee of:
 - a) the Commonwealth or a Commonwealth authority; or
 - b) a State or Territory or a State or Territory authority; or
 - c) a local government authority; with 5 or more years of continuous service who is not specified in another item in this Part
 - Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
 - Police officer
 - Registrar, or Deputy Registrar, of a court
 - Senior Executive Service employee of:
 - a) the Commonwealth or a Commonwealth authority; or
 - b) a State or Territory or a State or Territory authority
 - Sheriff
 - Sheriff's officer
 - Teacher employed on a full-time basis at a school or tertiary education institution
 - Member of the Australasian Institute of Mining and Metallurgy

8. How to contact us

Please return your completed Death Benefit Claim Form and attachments to:

Post: Tidswell Financial
PO Box 3528
TINGALPA DC QLD 4173

Email: tidswell@ddhgraham.com.au

For all inquiries please contact us on 1300 796 079.

Your privacy

All information we collect about you is held by us in the strictest confidence and pursuant to our Privacy Policy. You may obtain a copy of our Privacy Policy on our website www.tidswell.com.au or by contacting our office.