



Death benefit – claimant statement

Please complete all sections of this form to apply for a Death benefit.

You can complete the form in pen or type in your responses prior to printing.

Please write in **BLOCK LETTERS** and use **BLACK** or **BLUE** pen. You can mail the completed form and supporting documents to **PO Box 350, Parramatta NSW 2124** or email a scanned copy or photo to **claiming@rest.com.au**. This request will be invalid if unsigned and undated.

Section 1: Deceased personal details

Member number	Date of birth (dd/mm/yyyy)	Date deceased (dd/mm/yyyy)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Member given name(s)	Member surname	
<input type="text"/>	<input type="text"/>	
Last known address		
<input type="text"/>		
<input type="text"/>		Postcode <input type="text"/>

Section 2: Details of dependants and estate

A. Details of spouse

Please confirm the details of anyone who is

- legally married to the member or
- the member's de facto spouse¹

Name	Relationship	Contact details (Phone, address and email if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>
Do you want to claim as the spouse <input type="radio"/> Yes <input type="radio"/> No		

¹ A de facto spouse is a person of the same or opposite sex who lived with the member as a couple for any period of time, but was not legally married to them nor related by family.

Section 2: Details of dependants and estate (continued)

B. Details of children

Please confirm the details of anyone who is the deceased member's child, adopted child, step-child, a child born outside of marriage, or a child of the deceased's spouse.

This includes if someone is representing a child (eg a child who was under 18 at the date of death of the deceased member).

Name	Relationship	Contact details (Phone, address and email if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>

Do you want to claim as the child or guardian of the child of the member?

☐ Yes ☐ No

If you are claiming as the child or guardian of the child – did you/the child receive financial support from the member at the date of death?

☐ Yes ☐ No

Section 2: Details of dependants and estate (continued)

C. Details of estate

Did the deceased leave a Will?

Yes ☐ No ☐ Not sure ☐

If 'Yes', has a **grant of probate** been received or applied for?

Yes ☐ No ☐ Not sure ☐

- Where a Will is left by the deceased, a **grant of probate** is a document issued by the Supreme Court recognising the validity of the Will and authorising the **executor(s)** to deal with the estate.
- An **executor** is a person(s) appointed under a valid Will to manage the estate of the deceased in line with the terms of the Will.

If 'No', have **letters of administration** been granted or applied for?

Yes ☐ No ☐ Not sure ☐

- Where no valid Will is left by the deceased, a grant of **letters of administration** is a document issued by the Supreme Court authorising the **administrator** to manage the estate.
- An **administrator** is a person appointed by the Supreme Court to manage the estate of a person who doesn't leave a valid Will. This is usually the closest surviving next of kin of the deceased.

Name	Relationship	Contact details (Phone, address and email if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you want to claim as the administrator/executor of the estate? ☐ Yes ☐ No

D. Details of anyone financially dependent on the member at the time of death

Please confirm the details of anyone who was fully or partially dependent on the member for regular financial support. This includes the provision of money as well as non-monetary items such as food, clothing, transport, education etc. Loans and one-off gifts do not qualify.

Name	Relationship	Contact details (Phone, address and email if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Living with the member at the date of death? ☐ Yes ☐ No

Living with the member at the date of death? ☐ Yes ☐ No

Do you want to claim as a financial dependant? ☐ Yes ☐ No

Section 2: Details of dependants and estate (continued)

E. Details of anyone else in an interdependency relationship at the time of death

Please confirm anyone who was in an interdependent relationship with the deceased member

You are considered to have been in an interdependent relationship with the deceased if:

- you had a close personal relationship and
- you lived together and
- one or both of you provided the other with financial support and
- one or both of you provided the other with domestic support and personal care.

An interdependency relationship can still exist if two people have a close personal relationship but can't meet the other criteria because of a disability.

A normal relationship between a parent and child generally won't be considered interdependency.

If you believe you qualify for an interdependency relationship, please call us to discuss the requirements.

Name	Relationship	Contact details (Phone, address and email if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>
Do you want to claim as an interdependent? <input type="radio"/> Yes <input type="radio"/> No		

Section 3: Details of any other claimants

Skip this section if you have listed someone in section 2.

Under superannuation law, Rest won't be able to pay any other claimant if we can find a dependant or estate i.e. anyone listed in section 2

Details of Parents, siblings and any other claimants

Name	Relationship	Contact details (Phone, address and email if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with the member at the date of death? <input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>
Do you want to claim as a parent, sibling or in any other capacity? <input type="radio"/> Yes <input type="radio"/> No		

Section 4: Your claim details

Do you want to be considered in the payment distribution of the Death benefit?

Yes ☐ No ☐

If 'No', proceed to **Section 5: Further details**

If 'Yes', please:

- provide your Tax File Number (TFN)

It is not compulsory to provide your TFN, however, if you choose not to, any benefit you may receive may be taxed at the highest marginal rate, plus the Medicare Levy. Go to rest.com.au/member/Tax-File-Numbers for more details.

Section 5: Further details

Please provide any additional information you believe Rest should be aware of (eg family circumstances). Attach a separate sheet if additional space is required.

Section 6: Your personal details

Mr/Mrs/Ms/Miss/Dr

Surname

Given name(s)

Residential address

Postcode

Email address

Telephone

Date of birth (dd/mm/yyyy)

Your relationship to the deceased

Length of your relationship

Years

Months

Section 7: Declaration and authority

Declaration and consent

I declare that the information in this claim form is true and correct at the date of signing this application and I will notify Rest immediately if any of this information changes.

I authorise the collection, use and disclosure of my personal information (including any sensitive information) for the purpose of processing this claim application as outlined in Rest's Privacy Policy available at rest.com.au or call 1300 300 778 for a copy.

I confirm that if I have ticked 'No' to the question 'Do you want to be considered in the payment distribution of the death benefit?' in **Section 4: Your claim details** of this form, it means:

- I do not wish to be considered by the Trustee in the payment of the death benefit, including any insurance benefit
- I have no intention of claiming all or part of the death benefit (including any insurance benefit)
- I agree that the Trustee is released from any obligation to include me in its determination of the distribution of the death benefit.

Authority to obtain information

I hereby authorise any individual, organisation or entity within any of the above categories that holds the deceased member's personal and sensitive information to release that information to Rest's insurer, AIA Australia or TAL, who will assess my claim (if applicable), the Rest Trustee or their representatives on request, for the purpose of investigating, assessing and managing this claim.

I agree that a copy of this authorisation shall be considered as effective and valid as an original.

Name (please print)

Signature

(dd/mm/yyyy)



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