

# Death Benefit Claim Form

We understand that if you've lost a loved one, this may be a difficult time for you. Our aim is to make the death benefit claim process as smooth as possible.

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# Guide to Death Benefits and Completing the Claim Form

Making a claim can seem complicated – but we're here to help. This document will provide information you need about death benefit claims and how to submit a claim. If you need any additional support, please visit our website or call us on 13 13 36.

#### What's included in a death benefit?

A death benefit is made up of the member's:

- account balance
- any linked insurance benefit payable at the time of the member's death. If the member had Life Insurance in place at the time they passed away, we'll lodge the claim with the insurer; if approved, the insurance benefit will be included in the death benefit.

#### Who'll receive the death benefit?

Superannuation doesn't automatically form part of a member's estate when they die. Instead, death benefits are paid according to a member's valid binding nomination, or if no valid nomination exists, to an eligible beneficiary/ies.

Type of nomination on account	Who will receive the death benefit?		
Binding nomination	If a valid non-lapsing binding nomination exists, the death benefit must generally be paid to the nominated beneficiary/ies.  If the nomination wasn't valid at the time the member passed away, the process for where no nomination exists will be followed.		

Type of nomination on account	Who will receive the death benefit?		
Reversionary beneficiary nomination	If the member has a valid reversionary beneficiary nomination on file, the nominated person automatically becomes entitled to receive the member's pension.		
No nomination	If no nomination exists, we will follow our death claim process to identify to whom the benefit must be paid, which may be the legal personal representatives (estate), one or more dependants or others.		

# What is a dependant, financial dependant and interdependent?

A dependant is:

- 1 a spouse of the member, including a legally married spouse, de facto spouse (including same sex partner), separated but not divorced spouse
- 2 a child including biological child, adopted child and stepchild (whose natural parent was still in a spousal relationship with the deceased at the date of death)
- 3 someone who, at the time of the member's death, relied on the member for financial support (financial dependant)
- 4 a person who was in an **interdependency relationship** with the deceased at the date of death.

An interdependency relationship exists where two persons satisfy **ALL** of the following:

- 1 they have a close personal relationship; and
- 2 they live together, and
- 3 one or each of them provides the other with financial support, and
- 4 one or each of them provides the other with domestic support and personal care.

An interdependency relationship also exists where there is a close personal relationship and either or both suffer from a physical, intellectual or psychiatric disability and, because of that disability, do not meet the other requirements.

An interdependency relationship does not generally exist with a normal parent and child relationship or between housemates.

### What's the process for making a claim?

#### 1 Form and documents submission

Please complete the claim form as fully and accurately as possible. This will assist us to process your claim as quickly as possible and avoid unnecessary delays. Please note that some documents may need to be certified and witnessed, and that the trustee may need to follow up and seek further information or documentation.

#### 2 Converting investments to cash

Unless the death benefit is a reversion of the pension, we'll switch investments in the account to a cash-based investment option as soon as we're notified that the member has passed away. This ensures the value of the death benefit remains protected from potentially negative returns while we finalise the claim.

#### 3 Insurer decision (if applicable)

If the member held Life Insurance when they passed away, our insurer will review the application independently and decide whether or not an insured benefit is payable. Our insurer may ask for further documentation before finalising the claim. Any insurance benefits will form part of the overall death benefit amount which is generally paid once the insurer has made a decision on the claim. However, payment of the account balance can be made early if you are experiencing financial difficulties.

#### 4 Decision on death benefit beneficiary

In the absence of a valid binding nomination, the Trustee must generally pay the death benefit to the Legal Personal Representative (LPR, also referred to as the estate) of the deceased member (if there is one). An LPR is generally the person to whom probate of a will or letters of administration is granted. If there is no LPR (because the deceased did not leave a will, or the next of kin doesn't want or need to obtain probate of the will or letters of administration), then the death benefit may be paid to any other person/s who the Trustee considers appropriate.

In determining payment of the death benefit to any other person/s, the Trustee must follow the superannuation law. This means we must only pay the death benefit to the deceased member's estate or dependant/s (e.g. spouse, child or interdependent). We can only pay the death benefit to a non-dependant if we cannot identify a dependant of the deceased member, after making reasonable enquiries.

In making its determination as to how and to whom to pay, the Trustee takes into account the purpose of superannuation, which, in the event of death, is to help support the member's dependants. The Trustee also gives consideration to what might have occurred had the deceased member not died, and whether there is anyone who had an expectation of ongoing financial support or a right to look to the deceased member for ongoing financial support.

If there are multiple potential beneficiaries, the Trustee may notify them as to how and to whom it intends to pay the benefit and give them an opportunity to object and request a different distribution.

### How is the death benefit paid?

Apart from pensions with an eligible reversionary beneficiary, death benefits are normally paid in lump sum form. However, certain dependants are eligible to take the benefit in pension form.

Reversionary Pension: If the member has a valid reversionary beneficiary nomination on file, this person automatically becomes entitled to receive continued instalments of the member's pension. However you may convert the pension to a lump sum if you wish.

You can check if a reversionary nomination is held on file by referring to the member's statement.

**Optional Pension:** A death benefit pension is a series of regular payments taken as an income stream. This can only be set-up by:

- a current spouse (married or de facto)
- any person(s) financially dependent on (or in an interdependency relationship<sup>1</sup> with) the deceased (other than a child), or
- the deceased's child if they:
  - are under age 18<sup>2</sup>
  - are under age 25 and financially dependent on the deceased, or
  - have a certain type of disability.

Pension products can be complicated and have implications for Centrelink benefits. As such, it is recommended financial advice be sought before deciding on a pension.

**Lump sum:** A lump sum payment is a one-time payment of the member's death benefit. Death benefits are generally paid as a lump sum, and in particular payments to a deceased member's estate (legal personal representative) are required to be paid in lump sum and cannot be paid in pension form.

#### How long does it take?

Each claim is unique and the time taken to process the claim will vary. If there is a binding nomination on the account and all required documentation (including the death certificate showing cause of death, if available) is provided with the application, the claim can generally be finalised within weeks. Without a binding nomination, most claims are finalised within a few months. Unfortunately, more complex claims can take longer. We'll ensure that you're kept up to date through each step of the process.

It's important to note that we're unable to pay a death benefit until all of the information that's been requested by the Trustee and/or the insurer (if relevant) has been provided.

#### Will the death benefit be taxed?

A death benefit paid directly to a beneficiary will usually be net of any tax due. The Legal Personal Representative (i.e. the person responsible for administering the estate of the deceased member), must account for any tax due on distribution of the death benefit via the estate.

For a more comprehensive explanation of tax on 'Super Death Benefits' please visit the ATO website.

<sup>1</sup> See 'What is a dependant, financial dependant and interdependent' for meaning

<sup>2</sup> Death benefits paid as a pension to this type of child beneficiary will usually need to be commuted to a lump sum by the time the beneficiary turns age 25.

# Colonial First State – Death Benefit Claim Form

SAVE FORM

**PRINT FORM** 

Completing this death benefit claim form fully and accurately will assist us to process your claim as quickly as possible and avoid unnecessary delays. Please be aware that the Trustee may need to follow up and seek further information or documentation.

If you have any questions about how to fill in this form, please refer to the guide or call us on 13 13 36. For information about how we use and handle your information please refer to our privacy policy statement, which can be accessed here <u>cfs.com.au/privacy</u>.

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Start at the left of each answer space and leave a gap between words. Please cross  $\overline{X}$  appropriate answer boxes.

#### How do you claim a death benefit?

#### Step 1: Complete this form in full (page 4 - 12)

- 1 Part A Details about the deceased member
- 2 Part B Payment instructions
- 3 Part C Proof of identify
- **Step 2**: Compile required documentation in Part D (page 12)

#### Step 3: Send us your completed form and supporting documents

Return your form and documents to us online or via post:

- 1 Email a scanned copy to <a href="mailto:SPDEClaims@cfs.com.au">SPDEClaims@cfs.com.au</a>
- 2 Send via reply paid post: Colonial First State Reply Paid 27 Sydney NSW 2001

PART A - DETAILS ABO	DUT THE DECEASED MEMBER
Section 1: Details of de	eceased member (this section must always be completed)
Full name:	
Date of death:	Status at the date of death:
dd/mm/yyyy	☐ Married ☐ De facto ☐ Separated ☐ Divorced ☐ Single ☐ Widowed
Last known residential ad	dress:
Unit number Street nur	mber Street name
Suburb	State Postcode Country
At the date of death the N	Member was:
Living alone Liv	ing in residential care
Living with the follow	ing person(s):
Account Number(s) (if known	own):

Section 2: Details of person comp	leting this form (this section must always be completed)	
Full name:		_
Mobile number:	Email address:	
Relationship to deceased:		⊒ ⊐
Please note: all future communication	s about the death benefit claim will be made through email, unless specified otherwise.	
Section 3: Details of the estate		
This section must always be complet member's statement.	ed, unless a binding or reversionary nomination exists. This can be found on the	
on whether probate of the deceased's	e trustee determine to whom the death benefit must or should be paid. This can depend will or letters of administration have been obtained. Please note that probate or letters of o either administer an estate or pay a death benefit.	
1 What is the estimated total value t	in the member's estate?	
_	superannuation or insurance benefits payable on death?	
Yes, If ' <b>Yes</b> ', please provide detail	s of the amount  payable to	
No 3 Did the member leave a Will:		
Yes (If 'Yes', please provide a cert	tified conv)	
No (If ' <b>No</b> ', skip to question 5)		
4 Has Probate been obtained?		
Yes (If 'Yes', please provide a cert	tified copy)	
No		
5 Have Letters of Administration bee	n obtained?	
Yes (If 'Yes', please provide a cert	tified copy)	
No		
6 If the answer to either 4 or 5 is 'No	', has Probate or Letters of Administration been applied for?	
Yes (If ' <b>Yes</b> ', please provide a ce	rtified copy when available)	
No (If ' <b>No</b> ', please complete the on page 13)).	Indemnity and Request to Waive Probate Statutory Declaration (found in the Appendix	

#### **Section 4: Details of member's domestic and family circumstances**

#### This section must always be completed, unless probate/letters of administration have been obtained.

Please provide details of all the member's immediate family including married or de facto spouse, children and step-children, as well as anyone financially dependent on the member or in an interdependency relationship with the member. See page 2 'What is a dependant, financial dependant and interdependent?' for guidance. If there are no dependants, provide details of all living immediate next of kin or person claiming the benefit.

If there is not enough room please copy this page and attach to this form.

Full name:	mber/Other pers		Date of birth:
			dd/mm/yyyy
Residential ad	Idrocci		
Unit number	Street number	Street name	
Suburb		State Postcode Country	
Cuburb		Tosteode Godnary	
Mahila wasaha		Farail adduses	
Mobile number	#I.	Email address:	
Please note: a	Il future communicat		
		_	
Relationship t	o the deceased:		ement of relationship:
		Natural Step Adopted dd/mr	
		tionship. For example a marriage certificate for spouse; or in the case statement, utilities bill, tenancy agreement, etc; or birth certificate for	
At the time of	the member's death	, were they financially dependent on, or in an interdependency relations	hip with, member?
Yes	No		
If 'Yes' to the	above, provide furth	er details in 'Additional Information' on page 8. Please note we may be	in contact to request
further inform	ation.		
Family Mar	mber/Other pers	20n 2	
Full name:	inder/Other pers	5011 2	Date of birth:
Tun name.			
			dd/mm/yyyy
Residential ad Unit number	ldress: Street number	Street name	
		Orect name	
Culoundo		Ctata Destanda Country	
Suburb		State Postcode Country	
Mobile number	er:	Email address:	
Places note: 3	Il futuro communicat	ions about the death banefit claim will be made through small	
		ions about the death benefit claim will be made through email	
Relationship t	o the deceased:		ement of relationship:
		Natural Step Adopted dd/mr	n/yyyy
		tionship. For example a marriage certificate for spouse; or in the case statement, utilities bill, tenancy agreement, etc; or birth certificate for	
At the time of	the member's death	, were they financially dependent on or in an Interdependency Relations	hip with the member?
Yes	No		
		er details in 'Additional Information' on page 8. Please note we may be	in contact to request

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further information.

#### Family Member/Other person 3 Full name: Date of birth: Residential address: Unit number Street number Street name Suburb State Postcode Country Mobile number: **Email address:** Please note: all future communications about the death benefit claim will be made through email If a Child of the deceased: Relationship to the deceased: Commencement of relationship: 」Step ∣ Natural Adopted Please supply evidence of the relationship. For example a marriage certificate for spouse; or in the case of de facto relationships a joint bank account statement, utilities bill, tenancy agreement, etc; or birth certificate for children. At the time of the member's death, were they financially dependent on or in an Interdependency Relationship with the member? If 'Yes' to the above, provide further details in 'Additional Information' on page 8. Please note we may be in contact to request further information. Family Member/Other person 4 Full name: Date of birth: Residential address: Unit number Street number Street name Suburb State Postcode Country Mobile number: Email address: Please note: all future communications about the death benefit claim will be made through email If a Child of the deceased: Relationship to the deceased: Commencement of relationship: Natural Step Adopted

If 'Yes' to the above, provide further details in 'Additional Information' on page 8. Please note we may be in contact to request further information.

At the time of the member's death, were they financially dependent on or in an Interdependency Relationship with the member?

Please supply evidence of the relationship. For example a marriage certificate for spouse; or in the case of de facto relationships a joint bank account statement, utilities bill, tenancy agreement, etc; or birth certificate for children.

Yes

# Family Member/Other person 5 Full name: Date of birth: Residential address: Unit number Street number Street name Suburb State Postcode Country Mobile number: Email address: Please note: all future communications about the death benefit claim will be made through email If a Child of the deceased: Relationship to the deceased: Commencement of relationship: Natural Step Adopted Please supply evidence of the relationship. For example a marriage certificate for spouse; or in the case of de facto relationships a joint bank account statement, utilities bill, tenancy agreement, etc; or birth certificate for children. At the time of the member's death, were they financially dependent on or in an Interdependency Relationship with the member? If 'Yes' to the above, provide further details in 'Additional Information' on page 8. Please note we may be in contact to request further information. **Additional Information – Financial Dependant** If anyone was financially dependent on the deceased immediately before their death, please provide as much detail as you can of the extent of that financial dependence, e.g. payment of rent/mortgage, living expenses, utility bills, the frequency of such payments and provide copies of any available evidence of such payments, e.g. bank statements. **Additional Information – Interdependant** Each person who had an interdependency relationship with the deceased has to complete the following. If there are multiple interdependants, please photocopy the page as many times as needed and attach to this form (and note that the statutory declaration at the end of this form also applies to the separate page). Full name: At the time of the member's death: a Were they living with the member? \_\_\_\_ Yes \_\_\_\_ No If Yes, for how long? **b** Did one or both of them provide the other with financial support? c Did one or both of them provide the other with domestic support and personal care? Yes **d** Did one or both of them suffer from a physical, intellectual or psychiatric disability? Please provide as much supporting detail as possible.

#### **Section 5: Statutory Declaration**

To the best of my knowledge I confirm this form contains details of all dependants of the deceased including any married or de facto spouse, adopted and step children, financial dependants and interdependents (see page 2 of the Death Benefit Claim Form for meaning).

I do solemnly and sincerely declare that the information provided by me in the application for a death benefit claim is true and correct. I make this solemn declaration by virtue of the Statutory Declarations Act 1959. 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, and I believe that the statements contained are true in every particular.

Signature of person making declaration	Declared at	Date
		dd/mm/yyyy
Signature of authorised witness	Name of authorised witness	
	Capacity of authorised witnes	ss (see list below)
Address of witness	<u>-</u>	
This form must be witnessed (signed before) an authorised	person.	

Authorised persons who may witness you signing this form include:

- Chiropractor, dentist, solicitor, medical practitioner, nurse, patent attorney, pharmacist, physiotherapist, psychologist, veterinary surgeon, Justice of the Peace, police officer, magistrate, notary public,
- Your financial adviser (provided they have two or more years of continuous service),
- Your accountant (provided they hold a current membership to a professional accounting body),
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service,
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).

For a full list of persons authorised to witness a statutory declaration, visit the Attorney-General's Department website at www.ag.gov.au/legal-system/statutory-declarations/who-can-witness-your-statutory-declaration

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.

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.

#### **PART B - PAYMENT INSTRUCTIONS**

Death benefits may be paid in different forms depending on the beneficiary's relationship to the deceased. Please fill in the details in the relevant section below. This information will be used to process the payment if you are deemed eligible to receive the benefit.

If multiple people are claiming a death benefit, please print or copy this page as many times as needed and attach to this form. 1 Lump sum payment Unless we are making payment to an estate we do not make payments to solicitor's trust accounts. Option 1 - Please make the lump sum payment to the following bank account: Account name **BSB** Account number Note: if the lump sum payment is being made to the estate, all executors need to provide their signature. **Option 2** – Please send a cheque to the following address: Unit number Street number Street name Suburb State Postcode Country (if not Australia) Death benefits payable to a spouse, minor child, financial dependant or an interdependent (see page 2 for meaning) are tax free. But we must deduct tax from death benefits payable to other beneficiaries. Please provide your tax file number below if you are expecting to receive this lump sum payment and are NOT a spouse, minor child, financial dependant or an interdependent. Tax file number Please note: You're not obliged to disclose your Tax File Number (TFN), but there may be tax consequences including additional tax on a death benefit payment if it has not been provided. Refer to the Product Disclosure Statement (PDS) (cfs.com.au/pds) for information on the implications of not providing your TFN. 2 Open a new death benefit pension for valid individuals (see page 3 for eligibility) Please complete and attach the Pension Application Form for the FirstChoice Wholesale Personal Super and Pension product, accessible through the CFS website (cfs.com.au/pds), located at the back of the PDS, or call us on 13 13 36 and we can send a copy to you. Note: If you would prefer to rollover the benefit to another fund to provide a pension, please call us on 13 13 36 and we can send the relevant form to you. 3 Reversionary Pensioner (see page 3 for meaning) Please make the future pension payments to the following bank account: Account name **BSB** Account number Complete and provide a Tax File Number declaration, found here: www.ato.gov.au/forms/tfn-declaration Payment instructions acknowledgement I acknowledge that the Trustee will act on the payment instructions provided and will not be responsible if the details provided are incorrect. Name Signature of person giving these instructions Date:

# PART C - PROVE YOUR IDENTITY Select ONE option to prove your identity. Legislation requires us to confirm the identity of people to whom we are paying benefits (generally beneficiaries). In the case of payment to an estate, we require proof of identity of the Legal Personal Representative. Option 1 - Provide certified paper copies of proof of identity documents Please ensure you provide photocopies of your original identification documents, and that they are correctly certified on each page as a true copy of the original document. You can prove your identity by posting or emailing a certified copy of: One of the following documents: · Current Australian driver's licence · Current Proof of Age card Current passport (Australian passports can have expired in the last two years) OR One of the following: · Birth certificate or birth extract · Citizenship certificate issued by the Australian Government Pension card issued in your name by the Department of Human Services that entitles you to a financial benefit AND one of the following: Notice issued by the Department of Human Services that shows a financial benefit has been provided to you (issued within the last 12 months) ATO notice of assessment (issued within the last 12 months) Local council rates notice (issued within the last three months) Electricity or gas notice (issued within the last three months) Please note the above document must contain your current name and address. Option 2 - Prove your identity electronically If multiple people need to prove their identity, please print or copy this page as many times as needed and attach to this form. You need to provide the below information and will also need to send us a photo ID. Please refer to the CFS website page How to Submit Your Photo ID for instructions on how to do this. Full name as appears on your driver's licence Licence number Licence card number State Expiry date OR Your Australian passport number Place of birth (as shown on your passport) Country of birth (not shown on your passport) Family name at birth (not shown on your passport) The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service, Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au Your signature Date:

# PART D - DOCUMENTS TO PROVIDE This section provides a comprehensive list of all documents to provide with your claim. The documents we require will differ based on your situation and are in addition to this claim form. Refer to instructions below for how to certify documents. **Personal/Identity Documents** Certified copy of death certificate showing cause of death (must always be provided) One of the following documents will need to be provided with your claim. These must be certified if electronic verification has not been selected in Part C of this form. Photo ID for legal personal representative (only if the death benefit is to be paid to the estate) Photo ID of the beneficiary/ies (if the death benefit is not paid to the estate) **Estate Documents** Unless there's a binding or reversionary nomination, please provide: Certified copy of Will (if any) together with a certified copy of Probate or Letters of Administration (if any); OR Indemnity and Request to Waive Probate Statutory Declaration (required where Probate or Letters of Administration are not being obtained, refer to page 13) **Insurance Documents** Only provide these documents if the member had insurance. Details for insurance cover can be found on the member's superannuation statement. Certified copy of proof of age for the deceased (e.g. birth certificate, driver's licence or passport) Authorisation to allow the insurer to obtain information from third parties (called Authority to release information form), available on the website at www.cfs.com.au/lifeinsuranceclaimauthority **Payment Documents** Payment instructions Additional requirements New Pension application (if applicable) Completed Tax File Number declaration (Reversionary only) **Instructions for Certification** Some documents will need to be certified as 'A true copy of the original document', and signed and dated on every page by an Authorised Person who states the position they hold which allows them to certify the document. Who can certify documents? In Australia, the following people can certify your documents: Chiropractor, dentist, solicitor, medical practitioner, nurse, patent attorney, pharmacist, physiotherapist, psychologist, veterinary surgeon, Justice of the Peace, police officer, magistrate, notary public Your financial adviser (provided they have two or more years of continuous service) Your accountant (provided they hold a current membership to a professional accounting body) An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service. Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) What should your certified document/s look like? After the certifier is satisfied the copy is a true copy, they will: Write or stamp 'True copy of the original document' on every page Sign and date the document · Write their name and qualification **CHECKLIST** Before you post or email this form please use the following checklist to ensure you've completed all of the necessary sections and all required information has been supplied. Note: If any required information isn't provided it may delay the claim being processed.

All relevant sections of this death benefit claim form have been completed in full (pages 4-12)

I have provided all required supporting documentation as outlined in Part D (with all relevant documents certified)

I have completed and signed the statutory declaration in Part A Section 5, which has also been signed and dated by

I have provided required proof of identity as outlined in Part C (page 11)

an authorised person.

#### **APPENDIX**

#### **Indemnity and Request to Waive Probate Statutory Declaration**

This declaration is required where Probate or Letters of Administration are not being obtained and must be signed by the person entitled to apply for Probate or Letters of Administration.

This declaration is **NOT** required if there is a reversionary or a binding nomination to a dependent.

То	Avanteos Investments Lin	nited (AIL)				
ı				of		
• •	Full nan	ne of declarant			Address	
dc	solemnly and sincerely dec	lare that:				
1	I am the Deceased's					
		Please	e insert relatio	onship to Decease	d	
2	I do not wish to incur the	expense entailed in ar	application f	or Probate/Letter	s of Administration con	sidering the value of
	the Estate of the late					of
			Name of the	e Deceased		
						who died on
			Address of th	ne Deceased		
	the date of dd/mm/	уууу				
3	I/we believe that the Will	dated dd/mm/yyy	is the la	ast Will of the Dec	eased OR the Decease	ed did not leave a Will.
	All claims against the Est		e, met by the	Estate.		
5	In consideration of the pay					
	by AIL in respect of the Decor cost whatsoever which i	ceased, I agree to indem	nnify and keep	indemnified AIL, its	s officers and agents aga	ainst any loss, damages, said accounts
۸.			•	•		
	ND I MAKE this solemn dec akes a false statement in a	-	•		-	-
ar	nd I believe that the statem	ents in this declaration	are true in ev	ery particular.		
Si	ignature of person making o	declaration		Declared at		Date
						dd/mm/yyyy
Si	ignature of authorised witne	ess		Name of authori	sed witness	
				Capacity of auth	orised witness	
Ac	ddress of witness					