

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 contact us on 1300 769 619.

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 notify the insurer who will be in contact with you to process the claim; 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 non-lapsing nomination, or if no valid nomination exists, to an eligible beneficiary(ies).

| Type of nomination on account | Who will receive the death benefit? |
|-------------------------------------|---|
| Non-lapsing nomination | <p>If a valid non-lapsing nomination exists, the death benefit must generally be paid to the nominated beneficiary(ies).</p> <p>If the nomination wasn't valid at the time the member passed away, the process for where no nomination exists will be followed.</p> |
| Reversionary beneficiary nomination | <p>If the member has a valid reversionary beneficiary nomination on file, the nominated person automatically becomes entitled to receive the member's pension.</p> <p>If you were nominated as the reversionary beneficiary, please complete the <i>CFS Edge Pension Reversionary pensioner declaration form</i> rather than the form in this document.</p> |
| No nomination | <p>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.</p> |

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**); or
- 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,
- 2 they live together,
- 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, the insurer will review the application independently and decide whether or not an insured benefit is payable. The 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 non-lapsing 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 relationship¹ with) the deceased (other than a child), or
- the deceased's child if they:
 - are under age 18²
 - 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 such as Centrelink benefits. As such, it is recommended to seek financial advice.

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 non-lapsing 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 non-lapsing 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](#).

¹ Please refer to the 'What is a dependant, financial dependant and interdependent?' section of this form for meaning.

² 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.

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CFS Edge Super/Pension 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 call us on 1300 769 619. For information about how we use and handle your information, please refer to our privacy policy statement, which can be accessed at cfs.com.au/cfsedge.

Start at the left of each answer space and leave a gap between words. Mark appropriate answer boxes with a cross like the following .

Please return the completed form and supporting documents to us via:

Document Library:

This can be uploaded via our
online portal

or **Post:**

Colonial First State
Locked Bag 20130
Melbourne VIC 3001

or **Email:**

cfsedge@cfs.com.au

PART A DETAILS ABOUT THE DECEASED MEMBER

SECTION 1: DETAILS OF DECEASED MEMBER (this section must always be completed)

Full name

Date of death

Date of birth

Status at the date of death

Married De facto Separated Divorced Single Widowed

Last known residential address address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

At the date of death the Member was:

Living alone Living in residential care

Living with the following person(s):

CFS Edge account number(s)¹ (if known):

1. If the member also had CFS Edge Investments account(s), please also complete and return the *CFS Edge Investments Death benefit claim form* as we have different payment options available if the account was Super, Pension or IDPS.

SECTION 2: DETAILS OF PERSON COMPLETING THIS FORM (this section must always be completed)

Please note signing requirements for this form are as follows:

- a.** if the member nominated non-lapsing beneficiaries, each beneficiary is required to sign in Part A Section 5 and Part B; **OR**
- b.** if there were non-binding beneficiaries or no nomination on the account, all individuals identified in Part A Section 4 are required to sign in Part A Section 5 and Part B.

This section can be completed by any of the individuals as identified above or by a third-party who is facilitating the claim.

Full name

Mobile number

Email address

Relationship to the deceased

SECTION 3: DETAILS OF THE ESTATE

This section must be completed unless a non-lapsing beneficiary nomination exists. The member's beneficiary details can be found on the member's annual statement.

Completion of this section will help the Trustee determine to whom the death benefit must or should be paid. This can depend on whether Probate of the deceased's Will or Letters of Administration have been obtained. Please note that Probate or Letters of Administration aren't always required to either administer an estate or be paid a death benefit.

1 What is the estimated total value of the member's estate?

2 Does the member have any other superannuation or insurance benefits payable on death?

Yes, If 'Yes', please provide details of the amount payable to

No

3 Did the member leave a Will:

Yes (If 'Yes', please provide a certified copy)

No (If 'No', skip to question 5)

4 Has Probate been obtained?

Yes (If 'Yes', please provide a certified copy)

No

5 Have Letters of Administration been obtained?

Yes (If 'Yes', please provide a certified copy)

No

6 If the answer to either 4 or 5 is 'No', has Probate or Letters of Administration been applied for?

Yes (If 'Yes', please provide a certified copy when available)

No (If 'No', please complete the Indemnity and Request to Waive Probate Statutory Declaration (found in the Appendix on page 15)).

SECTION 4: DETAILS OF MEMBER'S HOME AND FAMILY CIRCUMSTANCES

If a non-lapsing beneficiary nomination exists, please only list these beneficiaries in Section 4.

This section should be completed unless Probate/Letters of Administration have been obtained. Please provide details of the member's spouse (including de facto spouse), children, stepchildren, and anyone financially dependent on the member or in an interdependency relationship with the member. Please refer to page 2 *What is a dependant, financial dependant and interdependent?* for guidance.

Family member/other dependant 1

Full name

Date of birth

dd/mm/yyyy

Residential address if different to above (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Postcode

Country

Mobile number

Email address

Relationship to the deceased²

Commencement of relationship

dd/mm/yyyy

For Child of the deceased, confirm if:

Natural Step Adopted

For Step Child, was the natural parent still alive and married to the member at date of death?

Yes No

At the time of the member's death, was the person financially dependent or an interdependent?

Yes³ No

Family member 2

Full name

Date of birth

dd/mm/yyyy

Residential address if different to above (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Postcode

Country

Mobile number

Email address

Relationship to the deceased²

Commencement of relationship

dd/mm/yyyy

For Child of the deceased, confirm if:

Natural Step Adopted

For Step Child, was the natural parent still alive and married to the member at date of death?

Yes No

At the time of the member's death, was the person financially dependent or an interdependent?

Yes³ No

2 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, etc.; or birth certificate for children.

3 If 'Yes', please provide further details in 'Additional Information' on page 10 regarding their financial dependency or interdependency. Please note we may be in contact to request further information.

Family member 3

Full name

Date of birth

dd/mm/yyyy

Residential address if different to above (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Postcode

Country

Mobile number

Email address

Relationship to the deceased²

Commencement of relationship

dd/mm/yyyy

For Child of the deceased, confirm if:

Natural Step Adopted

For Step Child, was the natural parent still alive and married to the member at date of death?

Yes No

At the time of the member's death, was the person financially dependent or an interdependent?

Yes³ No

Family member 4

Full name

Date of birth

dd/mm/yyyy

Residential address if different to above (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Postcode

Country

Mobile number

Email address

Relationship to the deceased²

Commencement of relationship

dd/mm/yyyy

For Child of the deceased, confirm if:

Natural Step Adopted

For Step Child, was the natural parent still alive and married to the member at date of death?

Yes No

At the time of the member's death, was the person financially dependent or an interdependent?

Yes³ No

2 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, etc.; or birth certificate for children.

3 If 'Yes', please provide further details in 'Additional Information' on page 10 regarding their financial dependency or interdependency. Please note we may be in contact to request further information.

Family member 5

Full name

Date of birth

dd/mm/yyyy

Residential address if different to above (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Postcode

Country

Mobile number

Email address

Relationship to the deceased²

Commencement of relationship

dd/mm/yyyy

For Child of the deceased, confirm if:

Natural Step Adopted

For Step Child, was the natural parent still alive and married to the member at date of death?

Yes No

At the time of the member's death, was the person financially dependent or an interdependent?

Yes³ No

Family member 6

Full name

Date of birth

dd/mm/yyyy

Residential address if different to above (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Postcode

Country

Mobile number

Email address

Relationship to the deceased²

Commencement of relationship

dd/mm/yyyy

For Child of the deceased, confirm if:

Natural Step Adopted

For Step Child, was the natural parent still alive and married to the member at date of death?

Yes No

At the time of the member's death, was the person financially dependent or an interdependent?

Yes³ No

If there is not enough room in Section 4 to identify all individuals, please photocopy this page and attach to this form.

2 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, etc.; or birth certificate for children.

3 If 'Yes', please provide further details in 'Additional Information' on page 10 regarding their financial dependency or interdependency. Please note we may be in contact to request further information.

Additional Information

To support Financial Dependency (see page 2 for definition)

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.

If there are multiple financial dependents, please photocopy the page as many times as needed and attach to this form (and note that the statutory declaration in Section 5 of this form also applies to the separate page).

Dependant's full name

Please provide as much supporting detail as possible:

To support Interdependency (see page 2 for definition)

Each person who had an **interdependency relationship** with the deceased has to complete the following. If there are multiple interdependents, please photocopy the page as many times as needed and attach to this form (and note that the statutory declaration in Section 5 of this form also applies to the separate page).

Dependant's 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? Yes No
- c Did one or both of them provide the other with domestic support and personal care? Yes No
- d Did one or both of them suffer from a physical, intellectual or psychiatric disability? Yes No

Please provide as much supporting detail as possible:

SECTION 5: STATUTORY DECLARATION

Each listed beneficiary, executor, or family member/other dependant from Section 4 is required to complete the statutory declaration. If there is not enough room in Section 5 for each individual to sign, please photocopy this page and attach to this form.

I/We solemnly and sincerely declare that the information provided by me/us in the application for a death benefit claim is true and correct. I/We make this solemn declaration by virtue of the *Statutory Declarations Act 1959* (Cth). I/We 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/we believe that the statements contained are true in every particular.

Signature of person 1 making declaration

Full name of person making declaration

Declared at (location)

Date

dd/mm/yyyy

Signature of person 2 making declaration

Full name of person making declaration

Declared at (location)

Date

dd/mm/yyyy

Signature of authorised witness

Name of authorised witness

Capacity of authorised witness (see list below)

Address of witness

This form must be witnessed (signed before) an authorised person.

Authorised persons who may witness you signing this form include:

- Architect, chiropractor, dentist, legal practitioner, medical practitioner, midwife, nurse, occupational therapist, optometrist, patent attorney, pharmacist, physiotherapist, psychologist, trademarks attorney, veterinary surgeon, Justice of the Peace, police officer, magistrate or judge, 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* (Cth)).

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* (Cth).

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

PART B PAYMENT INSTRUCTIONS

Death benefits may be paid in different forms depending on the beneficiary's relationship to the deceased, please refer to page 3 *How is the death benefit paid?* for eligibility. 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, each individual is required to authorise their own payment instructions.

If the payment is being made to the estate, each executor is required to authorise these payment instructions. For multiple executors, they can sign on the same page or sign separate pages.

Please photocopy this page as many times as needed and attach to this form.

1 Lump sum payment

*Branch number (BSB)

*Account number

*Name of bank account

Note: If the lump sum payment is being made to the Estate, the bank account is required to be in the name of the Estate, not an individual.

TFN Number

Death benefits payable to the member's spouse, minor child, financial dependant or an interdependent (please refer to page 2 for definitions) are tax free. However, we must deduct tax from death benefits payable to other beneficiaries.

Please provide your tax file number below if you are receiving this lump sum payment and are NOT a spouse, minor child, financial dependant or an interdependent.

Tax file number

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) found at cfs.com.au/cfsedge for information on the implications of not providing your TFN.

2 Open a new death benefit pension for eligible individuals

Tick this box if you have setup a CFS Edge Pension account and enter your details below:

*CFS Edge Pension account name

*CFS Edge Pension account number

Note: Your adviser will work with you to set up the new account online.

Tick this box to rollover to another fund and provide your details below:

Complying super fund ABN

*Unique Super Identifier

*Rollover institution fund name

*Membership number

PAYMENT INSTRUCTIONS ACKNOWLEDGMENT

I/We acknowledge that the Trustee will act on the payment instructions provided and will not be responsible if the details provided are incorrect. I/We consent to my/our information being used in accordance with the CFS privacy policy which can be accessed online at cfs.com.au/cfsedge.

Signature of person 1 giving these instructions

Full name

Date

Signature of person 2 giving these instructions

Full name

Date

PART C 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.

Personal Documents

The following must always be provided:

- Certified copy of death certificate, showing cause of death (if available)
- Certified copy of evidence of your relationship, for example:
 - Marriage certificate for spouse
 - Joint bank account statement or utilities bill for de facto relationships
 - Birth certificate for child
 - Will, together with Probate⁴ or Letters of Administration⁴ for Legal Personal Representative nominations

Proof of identity Documents

The following documents must be certified copies of the original identification documents.

If the death benefit is to be paid to the Estate, the identity documents will need to be provided for the Legal Personal Representative. If the death benefit is not to be paid to the Estate, the identity documents will need to be provided for each beneficiary(ies) – where the beneficiary is a minor, the identity documents need to be provided for the minor and the parent or guardian signing on their behalf.

Please call us on 1300 769 619 if you are unable to provide the identification documentation listed below, and we can assist you with what can be provided based on your circumstances.

- One of the following identification documents:
 - Current Australian driver's licence
 - Current Proof of Age card
 - Current passport (Australian passports can have expired in the last 2 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)

Estate Documents

For non-binding beneficiary nominations, non-lapsing beneficiary nominations for Legal Personal Representative, or no nomination, please provide:

- Certified copy of Will (if any) together with a certified copy of Probate⁴ or Letters of Administration⁴ (if granted); **OR**
- Indemnity and Request to Waive Probate Statutory Declaration (required where Probate or Letters of Administration are not being obtained, refer to Appendix 1 on page 15)

⁴ Please note an electronic copy of Probate or Letters of Administration is available in NSW, VIC, QLD, and SA. This version can be provided rather than a certified copy.

Who can certify documents?

In Australia, the following people can certify your documents:

- Architect, chiropractor, dentist, legal practitioner, medical practitioner, midwife, nurse, occupational therapist, optometrist, patent attorney, pharmacist, physiotherapist, psychologist, trademarks attorney, veterinary surgeon, Justice of the Peace, police officer, magistrate or judge, 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* (Cth)).

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,
- apply a registration number (if applicable to their certifying authority, e.g. Justice of the Peace, reg #123456, CPA #123456), and/or company/employer name, and
- apply a stamp (if applicable to their certifying authority).

CHECKLIST

Before you post or upload 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 5 – 12).
- I/We have provided all required supporting documentation as outlined in Part C (with all relevant documents certified).
- I/We have completed and signed the statutory declaration in Part A Section 5, which has also been signed and dated by an authorised person.
- I/We have completed and signed the payment instructions acknowledgement in Part B.

INDEMNITY AND REQUEST TO WAIVE PROBATE STATUTORY DECLARATION

This declaration is NOT required if there is a non-lapsing or reversionary nomination. It is required for all other situations 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.

To Avanteos Investments Limited (AIL)

I of
Full name of declarant *Address*

do solemnly and sincerely declare that:

1 I am the Deceased's
Please insert relationship to Deceased

2 I do not wish to incur the expense entailed in an application for Probate/Letters of Administration considering the value of the Estate of the late of
Name of the Deceased
 who died on
Address of the Deceased

the date of *dd/mm/yyyy*

3 I believe that the Will dated *dd/mm/yyyy* is the last Will of the Deceased, OR that the Deceased did not leave a Will.

Please strike out whichever does not apply.

4 All claims against the Estate have been, or will be, met by the Estate.

5 AIL has been made aware of all dependants of the Deceased I know about including any legal or de facto spouse; natural, adopted and stepchildren; financial dependants and interdependants (see page 2 of the Death benefit claim form).

6 In consideration of the payment to me, on behalf of the Deceased's estate (or to the estate), of the balance of the accounts held by AIL in respect of the Deceased, I agree to indemnify and keep indemnified AIL, its officers and agents against any loss, damages, or cost whatsoever which it may incur in consequence of any matter arising from my dealings with the said accounts.

AND I MAKE this solemn declaration by virtue of the *Statutory Declarations 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.

Signature of person making declaration

Full name of person making declaration

Declared at (location)

Date

 dd/mm/yyyy

Signature of authorised witness

Name of authorised witness

Capacity of authorised witness

Address of witness

APPENDIX 2

ADVISER AUTHORITY (optional)

Please complete and return this page at any time to allow your adviser access to the member's CFS Edge account(s), including information relating to the deceased member, any nominated beneficiaries, the Estate, and the death claim documentation. Your adviser can assist you with navigating the death claim process including portfolio information, the supporting documents required, and any additional information as requested by the Trustee.

DETAILS OF THE DECEASED MEMBER

Full name

CFS Edge account number(s) (if known):

Date of death

ADVISER DETAILS

Adviser name

Licensee name

Adviser email

Note: If you are requesting a new adviser to have access, the adviser and their Licensee must be registered with CFS Edge before we can appoint them.

ADVISER AUTHORISATION ACKNOWLEDGEMENT

I/We understand by signing this form I/we are authorising the above adviser, their Licensee group, and their support staff, to have access to the deceased member's account(s) to assist us with the death claim process.

Note: All nominated beneficiaries/executors are required to provide consent to add the adviser.

Signature of person 1 giving these instructions

Full name

Date

Signature of person 2 giving these instructions

Full name

Date

Signature of person 3 giving these instructions

Full name

Date

SUPPORTING DOCUMENTATION

If the member had a non-lapsing or reversionary beneficiary nomination on their account, we only require the listed beneficiaries to provide their consent above.

If however, there was a non-binding nomination, non-lapsing nomination for a Legal Personal Representative, or no nomination on the account, please attach a certified copy of the member's Will showing you were nominated as the executor(s) of the Estate. Alternatively a certified copy of Probate (if granted) showing you were nominated as the executor(s) of the Estate.

Please also attach certified ID for each individual who has signed this form.

See Part C for identify document options and certification instructions.