

CFS Edge Investments

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 . All fields marked with an asterisk (*) are mandatory and are required for us to complete your request.

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

***Full name**

***Date of death**

***Date of birth**

***Last known residential address**

Unit number	<input type="text"/>	Street number	<input type="text"/>	PO Box	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>					State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>								

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

<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"/>	<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"/>

SECTION 2: DETAILS OF THE ESTATE

This section must be completed, unless this is a joint CFS Edge Investments account.

1 Did the member leave a Will:

- Yes (If 'Yes', please provide a certified copy)
- No (If 'No', skip to question 3)

2 Has Probate been obtained?

- Yes (If 'Yes', please provide a certified copy)
- No

3 Have Letters of Administration been obtained?

- Yes (If 'Yes', please provide a certified copy)
- No

4 If the answer to either 2 or 3 is 'No', have 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 7)).

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

SECTION 3: DETAILS OF PERSON(S) COMPLETING THIS FORM

Joint account holder/Executor 1 Details

***Full name**

***Address**

Unit number Street number PO Box Street name

Suburb State Postcode

Country

***Mobile number**

***Email address**

Executor 2 Details (if applicable)

Full name

Address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

Mobile number

Email address

Executor 3 Details (if applicable)

Full name

Address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

Mobile number

Email address

SECTION 4: STATUTORY DECLARATION

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.

Joint account holder/Executor 1 signature

Name of person making declaration

Declared at (location)

Date

dd/mm/yyyy

Executor 2 signature

Name of person making declaration

Declared at (location)

Date

dd/mm/yyyy

Executor 3 signature

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

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.

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. Additionally, all executors are required to authorise these payment instructions.

2 Transfer the full balance to an existing or new individual CFS Edge Investments account (only available for benefits from an individual CFS Edge Investments account)

*CFS Edge Investments account name

*CFS Edge Investments account number

Note: For new accounts, your adviser will work with you to set up the account online.

3 Open a new individual CFS Edge Investments account and transfer the full balance (only available if this is a joint CFS Edge Investments account)

Note: You are not required to provide a new application form with this option as the new account will be set up under your name.

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.

Joint account holder/Executor 1 signature

Name

Date

Executor 2 signature

Name

Date

Executor 3 signature

Name

Date

PART C AUTHORITY FOR FUTURE CORRESPONDENCE

If this is a joint account, this section is not required to be completed as future correspondence will be sent to the joint account holder. Complete this section if you would like to nominate which executor future correspondence is to be sent to. If this section is not completed, future correspondence will be sent to the first executor listed in Part A Section 2.

Full name

FUTURE CORRESPONDENCE AUTHORISATION ACKNOWLEDGEMENT

I/We acknowledge and authorise all future correspondence relating to the account(s) listed in Part A Section 1 to be sent to the executor identified above.

Joint account holder/Executor 1 signature

Name

Date

Executor 2 signature

Name

Date

Executor 3 signature

Name

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.

Personal/Identity Documents

The following must always be provided:

- Certified copy of death certificate, showing cause of death (if available)
- Certified copy of one of the following identification documents for the joint account holder/executor(s):
 - Current Australian driver's licence
 - Current passport (Australian passports can have expired in the last 2 years)
 - Current Proof of Age card

OR

- Certified copy of one of the following for the joint account holder/executor(s):
 - 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:

- Department of Human Services that shows a 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 call us on 1300 769 619 if you are unable to provide the identification documentation listed above, and we can assist you with what can be provided based on your circumstances.

PART D DOCUMENTS TO PROVIDE (CONTINUED)

Estate Documents

- Certified copy of Will (if any) together with a certified copy of Probate² or Letters of Administration² (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 7)

INSTRUCTIONS FOR CERTIFICATION

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 1–5).
- I/We have provided all required supporting documentation as outlined in Part D (with all relevant documents certified).
- I/We have completed and signed the statutory declaration in Part A Section 4, which has also been signed and dated by an authorised person.
- I/We have completed and signed the payment instructions acknowledgement in Part B.

² 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.

APPENDIX 1

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. All executors of the claim are required to sign the indemnity. If there is more than one executor, please make a copy of this section for each executor to complete and attach to the claim request.

To Colonial First State Investments Limited (CFSIL),

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/we agree to apply for Probate/Letters of Administration if and/or when called upon to do so.

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

5 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 CFSIL in respect of the Deceased, I agree to indemnify and keep indemnified CFSIL, 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

Name of person making the 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.

Note: This is not required for a joint account as the adviser has remained on the account.

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 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

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 executor who has signed this form.

See Part D for identity document options and certification instructions.