De facto

or child)

**STEP 1: THE CLAIMANT'S DETAILS** 



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Use this form if you want to apply for payment of a death benefit. If you require more room to complete the form, please copy or print additional copies of this form.

Please use a dark pen and CAPITAL letters (except for your email address), print it and send it to us. Use (X) to mark boxes. Forms are located on our website at <u>good.com.au/documents</u>. If you have any questions, call us on 1300 788 658.

#### Title Last name Given name/s House/Unit No. Street address Suburb State Postcode Country Postal address (if different from residential) Suburb State Postcode Country Tax file number Other Spouse Child (incl. adult **Financial** Interdependency Legal personal

relationship

representative

dependent

**STEP 2:** THE DECEASED MEMBER'S DETAILS





Member number	Date of birth	Date of death
Title Last name		
Given name/s		
House/Unit No. Street address		
Street address		
Suburb	State Postcode	Country
Name of former employer		
Contact number	Tax file number	
		M F Other
STEP 3: THE DECEASED MEM Relationship 1 Title Last name	IBER'S FAMILY DETAILS	
Given name/s		
House/Unit No. Street address		
Suburb	State Postcode	Country
Contact number  Relationship to deceased	Yes No	pendent on the deceased?
Spouse Child (incl. adult or child)	Financial Interdependence dependent relationship	y Legal personal representative



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Relationship 2						
Title	Last name					
Given name/s						
House/Unit No.	Street addre	SS				
Suburb			State	Postcode	Country	
Contact number		Age	Were they fin	ancially depende	ent on the dece	ased?
			Yes	No		
				_		
Relationship to de		lt [   Financial	lnton	danandana.		- al
Spouse De facto	Child (incl. ad or child)	ult Financial depende		dependency onship	Legal persor representati	
Relationship 3		·		•	·	
•	Lastrana					
Title	Last name					
Given name/s						
House/Unit No.	Street addre	ess				
			_		_	
Suburb			State	Postcode	Country	
Contact number		Age	Were they fin	ancially depende	ent on the dece	ased?
			Yes	No		
Relationship to de	eceased					
Spouse	Child (incl. ad	ult Financial	Inter	dependency [	Legal persor	nal
De facto	or child)	depende		onship ´ L	irepresentati	ve



### **STEP 4:** THOSE WHO CONSIDER THEY ARE FINANCIAL DEPENDENTS OR INTERDEPENDENTS OF THE DECEASED

Relationship 1								
Title Last name								
Civar para/a								
Given name/s							<u> </u>	
House/Unit No. Street address								
Suburb		State	Postcode	Count	try			
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Contact number	Age		nancially depend	dent on tr	ne decea	sea?		
		Yes	No					
Relationship to deceased								
Spouse Child (incl. adult or child)	Financial		rdependency		l persona			
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Relationship 2								
Relationship 2  Title Last name								
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Title Last name								
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Title Last name  Given name/s								
Title Last name  Given name/s		State	Postcode	Count	try			
Title Last name  Given name/s  House/Unit No. Street address		State	Postcode	Count	try			
Title Last name  Given name/s  House/Unit No. Street address  Suburb								
Title Last name  Given name/s  House/Unit No. Street address	Age	Were they fi	nancially depend			sed?		
Title Last name  Given name/s  House/Unit No. Street address  Suburb	Age					sed?		
Title Last name  Given name/s  House/Unit No. Street address  Suburb	Age	Were they fin	nancially depend	dent on th				



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Relationship 3																					
Title	Last name	9																			
Given name/s																					
House/Unit No.	Street	addre	SS																		
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Suburb						Sta	te	7	Post	code		1	Cou	ıntr	y						
Contact number			_ /	Age .		We	re the	y fin	ancia	lly de	pend	den	t on	the	de	ceas	seď	?			
							Yes		No	•											
Relationship to d	eceased																				
Spouse	Child (i		ult		nancial					nden	су [				oers						
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Given name/s						1					1										_
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							Yes		No	•											
Relationship to d	eceased																				
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De facto	- or child	1)	L	— d∈	epende	ent	└── r	elati	onsh	ip	Į		rep	res	enta	ative	•				



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Relationship 2			
Title Last name			
Given name/s			
House/Unit No. Street address			
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		Tostcode Country	٦
Contact number Age	Were they fin	nancially dependent on the deceased?  No	
Relationship to deceased  Spouse Child (incl. adult Fina	ncial Interd	dependency Legal personal	
		dependency Legal personal representative	
Relationship 3			
Title Last name			
Given name/s			
House/Unit No. Street address			_
Street address			٦
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Suburb	State	Postcode Country	$\neg$
Contact number Age	Were they fin	nancially dependent on the deceased?	
Contact number Age	Were they fin	nancially dependent on the deceased?  No	
Contact number Age Relationship to deceased	_	¬ · ·	





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In order to prove the bona fides of a de facto relationship with the deceased, a claimant should attach two statutory declarations completed by two family members or family friends verifying the nature and duration of the relationship and stating how the relationship meets the criteria defined in Notes.

You are not required to complete this section if you were the spouse/de facto or legal guardian of the minor child/children at the deceased's date of death.



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- 1. Were you financially dependent on the deceased at the time of his/her death?
- 2. Were you in an interdependency relationship with the deceased at the time of the deceased's date of death?

If you answer Yes to either of these questions, please provide specific details on how you were financially dependent or interdependent on the deceased at the date of their death.

For consideration to be given to an interdependency relationship, you must provide details of the circumstances of the relationship, including (where relevant) the duration of the relationship; the reputation and public aspects of the relationship; whether or not a sexual relationship existed; the degree of emotional support; the ownership, use or acquisition of property; the extent to which the relationship was one of mere convenience; the degree of mutual commitment to a shared life; the care and support of children; any evidence suggesting that the parties intended the relationship to be permanent (i.e. mortgage contracts, rental agreements, etc.)

In addition to the above circumstances, the existence of a Statutory Declaration signed by one of the people confirm-

eath. Please prov	ide further details		

#### **STEP 8: PRIVACY**

The personal information you provide on this form is collected by and held for Good Super by the fund administrator, DDH Graham Limited, in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth), for the purpose of administering your account and providing you with services associated with your fund membership.

For further information about how your personal information is handled, please call us on 1300 788 658 or visit good.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.



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#### **STEP 9: STATUTORY DECLARATION**

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 in this form are true in every particular.

Declared at

this	5	I				1			1		day	of		T			1	<u> </u>			7	in	th	e y	ear		7						
	efore me (print name of witness in BLOCK LETTERS)																																
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#### STEP 10: WHERE TO SEND YOUR COMPLETED FORM

Return the completed form to Reply Paid 3528 Tingalpa DC QLD 4173. If you have any questions, please call us on 1300 788 658.



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#### **NOTES**

#### PROOF OF IDENTITY

We require a certified copy of your proof of identity (POI) documents before we can pay your benefit. If you have already provided a certified copy of your POI document(s), you do not have to provide it again, as long as your name or residential address have not changed. If you have already provided certified copies of your POI documents but either your name or residential address has since changed, you must provide evidence of the change(s) as follows:

#### CHANGE OF NAME

If you have changed your name, you must provide a certified copy of one of the following name change documents:

- marriage certificate or certificate of registration (if you are on the relationship register) issued by the Births, Deaths and Marriages Registration Office (ceremonial certificates cannot be accepted)
- deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.

If you have reverted to your maiden name on divorce, we will require your divorce certificate and your marriage certificate showing your original maiden name.

#### CHANGE OF RESIDENTIAL

If you have changed your residential address, you must provide a certified copy of a POI document showing your new residential address. If it is more convenient, you can provide the original (rather than a certified copy) of a recent notice issued by your local council or a recent utilities bill addressed to you at your current residential address.



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#### ACCEPTABLE DOCUMENTS AND CERTIFICATION

The primary and secondary documents we accept are shown below. The people who can certify these documents are shown on page 13.

You can provide:

#### Either:

A certified copy of one of the following documents:

- current Australian state/territory driver's licence with your photograph
- Australian passport
- current card issued under an Australian state or territory law for the purpose of proving your age and containing your photograph
- current foreign passport or similar travel document containing your photograph and signature\*.

or

One certified document from this list:

- an Australian birth certificate or extract issued by a state or territory
- a citizenship certificate issued by the Commonwealth
- a current Centrelink pension card that entitles you to receive financial benefits

#### AND

One certified document from this list:

- a notice issued by the ATO within the last 12 months that shows your name and current residential address and records an amount payable to or by you e.g. your last tax return
- a notice issued by a local council or utilities provider in the last three months showing the provision of services to you and your current residential address e.g. rates notice, electricity or water bill
- a notice issued by the Commonwealth or a state or territory government within the last 12 months showing your name and current residential address and the provision of financial benefits to you e.g. Centrelink letter

**PLEASE NOTE:** Documents not written in English must be accompanied by an English translation prepared by an accredited translator.





#### **CERTIFICATION OF PERSONAL DOCUMENTS**

All copied pages of original POI documents (including any change of name documents) need to be certified as true copies by an authorised person with the appropriate Australian qualifications or registration (see below) who cannot be the owner or addressee of the document. The authorised person must sight the original and the copy to ensure both documents are identical, then make sure all pages have been certified by writing 'I certify that this document is a true copy of the original', followed by their signature, printed name, qualification (e.g. justice of the peace, Australia Post employee, etc.), registration number (if applicable) and date.

The following is a non exhaustive list of people who can certify copies of original documents:

- police officer
- Australia Post employee in charge of an office providing postal services (charges may apply)
- Officer or an authorised representative of an Australian Financial Services Licensee (AFSL) with two or more years continuous service
- medical practitioner
- legal practitioner
- pharmacist
- justice of the peace
- magistrate
- nurse
- optometrist
- dentist
- chiropractor
- physiotherapist
- psychologist
- veterinary surgeon