

# claiming a superannuation death benefit guide

This document explains how to make a claim for a superannuation death benefit and what will happen when a death benefit claim is submitted.

## What is a death benefit?

A superannuation death benefit consists of:

- the super account balance, plus
- any insurance cover which may be payable.

The superannuation death benefits do not form part of the deceased estate and are not paid in accordance with the member's wishes in their Will.

HESTA can only pay a death benefit as allowed by the *Superannuation Industry Supervision (SIS) Act 1993* (the Act which governs superannuation), and the Trust Deed (the legal document which sets out the rules of the Fund) available at [hestaformercy.com.au/disclosures](https://hestaformercy.com.au/disclosures) or by calling 1300 368 891, and the Income Tax Assessment Act (ITAA) 1997.

## How is a death benefit paid?

This can be paid as either:

- a lump sum
- an income stream, certain eligible dependants can have a death benefit paid via an income stream.

For more information about income stream, go to [hestaformercy.com.au/pds](https://hestaformercy.com.au/pds) or call us on 1300 368 891 or email [information@hestaformercy.com.au](mailto:information@hestaformercy.com.au)

## Who can claim a benefit?

A death benefit can only be paid to dependants of the member or their Legal Personal Representative (LPR).

## Who are dependants?

Under the SIS Act, a 'dependant' means:

- a spouse of the member, including a legally married spouse, de facto spouse (including same sex partner), ex-spouse (separated but not divorced)
- a child including adult child, step-child, ex-nuptial and child of the member's spouse
- any person who was financially dependent on the member at the time of death
- any person who had an interdependency relationship at the time of the member's death.

## What is financial dependency?

A person who relied on the member (totally or partially) for financial support such as for payments of bills, rent and mortgage. HESTA requires evidence of financial dependency.

## What is an 'interdependency relationship'?

Two people may have an interdependency relationship if they have a close personal relationship, live together, one or each provide the other with financial support, one or each provide the other with domestic support and personal care.

A close personal relationship may be considered an interdependency relationship if either or both persons have a physical, intellectual or psychiatric disability.

Taxation law sets out the criteria of interdependency. An interdependency relationship does not generally apply in respect of housemates, parents or children.

## What is a legal personal representative (LPR)?

Generally, this is the person who is managing the deceased estate either:

- the executor, if the deceased left a valid Will, or
- the administrator, if the deceased died without a Will.

The administrator is granted *Letters of Administration* from the relevant state or territory court.

HESTA may request probate or Letters of Administration from the LPR if necessary.

## What is probate?

Probate is a document issued by the court certifying the Will is valid. It also confirms the appointment of the executor/s.

## What if the member has nominated preferred beneficiaries?

The Trustee will consider all preferred nominations by the member. However, HESTA is bound by relevant superannuation laws and the Trust Deed when determining to whom a death benefit is paid.

## What if the member has made a binding death benefit nomination?

HESTA will pay the person/s as nominated, as long as the nomination is valid at the time of death, the beneficiaries qualify as dependants, and/or legal personal representative.

## What if the dependant or beneficiary is a minor?

HESTA will require the legal guardian to claim on their behalf. Generally, a payment to a minor is paid in trust to the legal guardian for the minor's advancement, education and maintenance. However, in some instances the Trustee will appoint a Trustee for a minor child.

Paying a death benefit income stream to a dependent child of the deceased member must stop on or before the child turns age 25 with the remaining benefit being paid as a tax free lump sum. However, if the dependent child has a permanent disability, the income stream arrangement may continue.

## Tax on Lump sum payments

### Paid to:

### Is tax payable?

Dependant of the deceased including:

No

- spouse or former spouse
- a child (under 18)
- any person financially dependent on the deceased at the time of death
- any person in an interdependency relationship with the deceased at time of death.

Non-dependant (includes a child above the age of 18)

Yes

The Estate (Legal Personal Representative)

Tax payable will depend on whether the beneficiary is a dependant or non-dependant

## What happens when a death benefit claim is made?

When notified of the death of a member, the Trustee must determine to whom a benefit should be paid in accordance with the Trust Deed.

We will send out the Superannuation death benefit claim form to potential claimant/s.

1. Claimants are required to provide documents including:
  - proof of age of the deceased such as a certified copy of a driver licence, passport or birth certificate
  - proof of any name change of the deceased member, e.g. a certified copy of a marriage certificate or deed poll
  - a certified copy of any signed and dated Will left by the deceased
  - a certified copy of the full death certificate
  - proof of identity for each claimant or person claiming on behalf of a minor child
  - a certified copy of the birth certificate of any minor child.
2. When the claim and all documents have been received, the Trustee will consider to whom the death benefit should be paid.
3. Claimants are required to provide documents to help:
  - identify people who might have been dependants of the deceased, and
  - determine their relationships with, and the extent to which they may have been financially dependent on the deceased at the time of their death.
4. The Trustee will then make a determination in accordance with the Trust Deed by considering:
  - the information provided by any dependants or the deceased member's Legal Personal Representative
  - any Will left by the deceased member
  - any nomination of preferred beneficiary
  - the circumstances of each claimant or other potential beneficiary at the time the member died.
5. All claimants will receive a letter advising them of the proposed payment. If there is more than one beneficiary, we will advise the proposed distribution of the benefit.
6. All claimants have 28 days to respond and advise if they agree with the proposal or want to object to it.
7. If all the claimants agree with the decision, the benefit will be paid less any applicable tax.
8. If there is an objection to the decision, the Trustee will review the decision, the objections and any additional information provided. Further information may be requested to help with the review.
9. Generally, no portion of the benefit will be paid unless the HESTA Trustee is satisfied all issues have been resolved.

### Before submitting this claim, have you:

- |  |                          |
|--|--------------------------|
| Fully completed and signed the form?   | <input type="checkbox"/> |
| Provided a certified copy of the full death certificate?                                 | <input type="checkbox"/> |
| Provided a certified copy of the deceased's proof of age document?                       | <input type="checkbox"/> |
| If married, provided a certified copy of the deceased's marriage certificate?            | <input type="checkbox"/> |
| Provided a certified copy of the deceased's Will (if any)?                               | <input type="checkbox"/> |
| Provided a certified copy of the Grant of Probate or Letters of Administration (if any)? | <input type="checkbox"/> |
| Provided a certified copy of the children's birth certificate (if any)?                  | <input type="checkbox"/> |
| Provided a certified copy of your own ID documents?                                      | <input type="checkbox"/> |

## We're here to help you

If you have any queries or need help with making a death claim, please contact us.



**hestaformercy.com.au**  
**information@hestaformercy.com.au**



**1300 368 891**



**Email form to**  
**information@hestaformercy.com.au**  
**or mail to:**  
**PO Box 8334, Woolloongabba QLD 4102**



# superannuation death benefit claim form



Tips to help you complete this form:

- 1. Read the attached *Claiming a superannuation death benefit guide*
- 2. Complete all sections of this superannuation death benefit claim form
- 3. Use the checklist on the previous page of the *Death benefit guide* to ensure you've provided all necessary documents.

## Got any questions?

Call us on **1300 368 891**

**Please note:** Under superannuation law, HESTA is required to inform all potential beneficiaries of the proposed payment. This means a person's name and details of their relationship with or dependence on the deceased member may be disclosed to other claimants. This information may also be disclosed to HESTA's legal advisers, the Australian Financial Complaints Authority (AFCA) or a court.

### Section A: Details of deceased member

Title: Ms☐ Mrs☐ Miss☒ Mr☐ Dr☐ Other Given name/s: **Audrey**

Date of Birth: **D D M M Y Y Y Y** Family name: **Thehamihardja**

Do you identify as: Female☒ Male☐

Status at the date of death: Married☒ De facto☐ Separated☐ Divorced☐ Single☐ Interdependent☐

Residential address: Unit number/Street number  
**25 Cooper street**

Suburb **Surry Hills** State/Terr. **N S W** Postcode **2 0 1 5**

Date of death: **1 2 1 2 2 0 2 4** Tax File Number: **1 1 1 1 1 1 1 1 1**

### Section B: Personal details of dependants

Provide details of surviving spouse and/or children. If there are more than five dependants, please photocopy the page overleaf and attach to this form.

Title: Ms☐ Mrs☐ Miss☒ Mr☐ Dr☐ Other Given name/s: **Audrey**

Date of Birth: **1 2 1 2 1 9 2 4** Family name: **Thehamihardja**

Residential address: Unit number/Street number  
**25 Cooper street**

Suburb **Surry Hills** State/Terr. **N S W** Postcode **2 0 1 5**

Mobile number: **0 4 1 4 4 4 4 4 4** Home number: **0 4 1 4 4 4 4 4 4 4** Email:

Relationship to the deceased: **Parent** Commencement of relationship: **1 2 1 2 2 0 2 4**

Do you identify as: Female☒ Male☐

Financially dependent on the deceased at time of death?: Yes☐ No☒

In an interdependency relationship with the deceased at time of death?\*: Yes☐ No☒

\*If ticked 'Yes', please complete Section C.

## Section B continued: Personal details of dependants

Title: Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr ☐ Other  Given name/s:

Date of Birth:         Family name:

Residential address: Unit number/Street number

Suburb  State/Terr.    Postcode

Mobile number:         Home number:         Email:

Relationship to the deceased:  Commencement of relationship:

Do you identify as: Female ☐ Male ☐

Financially dependent on the deceased at time of death?: Yes ☐ No ☐

In an interdependency relationship with the deceased at time of death?\*: Yes ☐ No ☐

\*If ticked 'Yes', please complete Section C.

Title: Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr ☐ Other  Given name/s:

Date of Birth:         Family name:

Residential address: Unit number/Street number

Suburb  State/Terr.    Postcode

Mobile number:         Home number:         Email:

Relationship to the deceased:  Commencement of relationship:

Do you identify as: Female ☐ Male ☐

Financially dependent on the deceased at time of death?: Yes ☐ No ☐

In an interdependency relationship with the deceased at time of death?\*: Yes ☐ No ☐

\*If ticked 'Yes', please complete Section C.

Title: Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr ☐ Other  Given name/s:

Date of Birth:         Family name:

Residential address: Unit number/Street number

Suburb  State/Terr.    Postcode

Mobile number:         Home number:         Email:

Relationship to the deceased:  Commencement of relationship:

Do you identify as: Female ☐ Male ☐

Financially dependent on the deceased at time of death?: Yes ☐ No ☐

In an interdependency relationship with the deceased at time of death?\*: Yes ☐ No ☐

\*If ticked 'Yes', please complete Section C.

## Section B continued: Personal details of other dependants

Provide details of surviving spouse and/or children. If there is more than one dependant please copy this page and attach to this form.

Title: Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr ☐ Other  Given name/s:

Date of Birth:         Family name:

Residential address: Unit number/Street number

Suburb  State/Terr.    Postcode

Mobile number:         Home number:         Email:

Relationship to the deceased:  Commencement of relationship:

Do you identify as: Female ☐ Male ☐

Financially dependent on the deceased at time of death?: Yes ☐ No ☐

In an interdependency relationship with the deceased at time of death?\*: Yes ☐ No ☐

\*If ticked 'Yes', please complete Section C.

## Section C: Personal details of interdependants

Each person who had an interdependant relationship with the deceased and wishes to claim a death benefit has to complete the following. Please copy this page to enable each person to complete their individual claim.

Title: Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr ☐ Other  Given name/s:

Date of Birth:         Family name:

Residential address: Unit number/Street number

Suburb  State/Terr.    Postcode

Date of birth:         Mobile number:         Email:

Please answer the following:

Did you have a close personal relationship with the deceased? ☐ Yes ☐ No

What was your relationship with the deceased?

What was the duration of your relationship?

Were you living together at the time of death? ☐ Yes\* ☐ No

Did one or each of you provide the other with financial support? ☐ Yes\* ☐ No

Did one or each of you provide the other with domestic support and personal care? ☐ Yes\* ☐ No

Did you and the deceased have the ownership of or use of acquired property? ☐ Yes\* ☐ No

Did you and the deceased have a mutual commitment to a shared life? ☐ Yes\* ☐ No

Did both of you care and support your children? ☐ Yes\* ☐ No

Did both of you enjoy the reputation and public recognition of this relationship? ☐ Yes\* ☐ No

Did you and the deceased provide each other with emotional support? ☐ Yes ☐ No

Was the relationship a mere convenience? ☐ Yes ☐ No

Did either you or the deceased have a disability? ☐ Yes\* ☐ No

**\*If you answered 'Yes' to this question, please attach any evidence to support this claim.**

## Section D: Additional information

If there is other information you can provide to assist the Trustee to assess this claim, (such as evidence of joint ownership of property, joint bank accounts, etc) please complete a Statutory Declaration (overleaf) along with supporting evidence.

## Section E: Details of the Estate

Is there a Will?

☐ Yes\* ☐ No ☐ Don't know

If 'Yes', has Probate been applied for?

☐ Yes ☐ No

If Probate has been applied for, has Probate been received?

☐ Yes\* ☐ No

If there is no Will, are Letters of Administration being applied for?

☐ Yes ☐ No ☐ Don't know

If 'Yes', have Letters of Administration been received?

☐ Yes\* ☐ No

**\*Please provide a certified copy of the Will, Probate or Letters of Administration.**

## Section F: Details of the person making the claim

Title: Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr ☐ Other  Given name/s:

Date of Birth:         Family name:

Residential address: Unit number/Street number

Suburb  State/Terr.    Postcode

Mobile number:         Home number:         Email:

Tax File Number\*:         Relationship to the deceased:  Commencement of relationship:

We are authorised by law to ask for your TFN. You do not have to provide it, but if you don't, you may end up paying more tax than you need to.  
Do you identify as: Female ☐ Male ☐

## Section G: Statutory declaration

You must complete the below Statutory Declaration which must be signed and witnessed by an authorised person.  
See back page for a list of persons who may witness the signing of a Statutory Declaration.

I,  FULL NAME  OCCUPATION   
of  RESIDENTIAL ADDRESS

make the following declaration under the Statutory Declarations Act 1959:

1. To the best of my knowledge, all information given on this application is true and correct, and
2. 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 declaration are true in every particular.

Signature: (Person making this declaration)

Before me,

FULL NAME

Qualification of signatory:

Declared at:

on

Signature:

Contact address of signatory:

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.

## contact us

1300 368 891 | Email form to [information@hestaformercy.com.au](mailto:information@hestaformercy.com.au) or mail to: PO Box 8334, Woolloongabba QLD 4102

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, Trustee of HESTA ABN 64 971 749 321. This information is of a general nature. It does not take into account your objectives, financial situation or specific needs. You should look at your own financial position and requirements before making a decision. You may wish to consult an adviser when doing this. The target market determination for HESTA products can be found at [hestaformercy.com.au/tmd](https://hestaformercy.com.au/tmd). Before making a decision about HESTA products you should read the relevant product disclosure statement (call 1300 368 891 or visit [hestaformercy.com.au](https://hestaformercy.com.au) for a copy), and consider any relevant risks ([hestaformercy.com.au/understandingrisk](https://hestaformercy.com.au/understandingrisk)).

## Proof of identity

From time to time you may be required to provide certified proof of identity and other information to ensure the security of your HESTA for Mercy account.

To help make this process easier, read through this factsheet to determine the documents you need to supply and the steps you need to take when we ask you to prove your identity.

### When do I need to prove my identity?

You will need to provide us with certified identification before progressing with certain transactions. Typically this will include transactions that involve paying any money out of your account or authorising someone else to speak to us on your behalf or connect to your account in any way.

The most common situations for when this occurs is when you are:

- Applying for a benefit payment
- Transferring to a self-managed super fund (SMSF)
- Transferring to a KiwiSaver account
- Activating an Income Account

### 1. Primary identification documents

To prove your identity you will need to provide a certified copy of one of the following primary identification documents that contains your photograph, date of birth and signature (copy both sides where applicable):

- current driver's licence
- Australian passport or a current foreign passport
- current card issued under a State or Territory for the purpose of proving a person's age (that contains your photograph and signature).

Identification documents must not be expired (excepting an Australian passport which may be expired within 2 years).

The person certifying your documents must state their name, their position (e.g. Justice of the Peace, Police Officer) and their position identifier (e.g. JP Number, Police badge number).

The certification must not be more than 12 months old.

### Identifying another super fund

If you are providing us with instructions relating to another super fund, we will ask you for additional identifying information including Tax File Number and if it's a Self Managed Super Fund (SMSF), copies of a recent bank statement of the SMSF.

**IMPORTANT:** If you are unable to provide a copy of your primary identification documents, you can provide alternative documents (see overleaf)

### 2. Photocopy both sides of your ID



The photocopy should:

- be easy to read
- show your current ID in full (expired ID won't be accepted)
- be less than 12 months old when we receive it
- have your current residential address on it.

### 3. Certify your identification



I certify that this document is a true copy of the original having being sighted by me on this day 17 March 2021.

**J. Sample**

Mr John Sample  
Justice of Peace  
Registration No.  
123456789

Take both your original ID document/s and the photocopy to an authorised person who can certify (such as Justice of the Peace, police officer, medical practitioner or post office employee - see overleaf for other people that can certify your documents).

After sighting the original and the copy and making sure both documents are identical, the authorised person will certify each page of your copies. The example above shows how a certified copy of your proof of identity should look.

This must be included on **every** page.

## 4. Provide copies of your certified ID to HESTA for Mercy



PO Box 8334,  
Woolloongabba QLD 4102

OR



information@hestaformercy.com.au

### Alternative identification

If you are unable to provide any primary photographic identification, you will need to provide two certified identification documents, one from each of the following lists:

- |  |            |   |
|--|------------|---|
| <ul style="list-style-type: none"><li>• Birth certificate or birth extract</li><li>• Citizenship certificate issued by the Commonwealth</li><li>• Pension card issued by the Department of Human Services (Centrelink) that entitles the person to financial benefits (back and front)</li></ul> | <b>AND</b> | <ul style="list-style-type: none"><li>• Letter from the Department of Human Services (Centrelink) or other Government body (in your name) in the last 12 months regarding a Government assistance payment</li><li>• Tax Office Notice of Assessment (in your name) issued in the last 12 months</li><li>• Rates notice from local council (in your name) issued in the last 3 months</li><li>• Electricity, gas or water bill (in your name) issued in the last 3 months</li><li>• Landline phone bill (in your name) issued in the last 3 months (mobile phone bills will not be accepted)</li></ul> |
|--|------------|---|

## We may ask you for more information

We don't like asking you for more than we need to, however for your security we may ask for additional information relating to your identity. We'll only do this if we need greater confidence that it is you we are dealing with and not a criminal or unauthorised person. Sometimes we'll be acting on advice from authorities about known fraudulent practices and taking extra precautions.

## Who can certify documents in Australia?

For a full listing of people who can certify your documents, see Schedule 2 of the Statutory Declarations Regulations 2018.

Some of the people who can certify copies of originals as true copies are:

- a Justice of the Peace
- a Commissioner for Declarations
- a financial adviser or financial planner with two or more years continuous service with one of more licensees
- a police officer
- a medical practitioner
- a nurse
- an accountant (member of ATMA, CA ANZ, CPA or IPA)
- a teacher permanently employed on a full time or part time basis at a school or tertiary institution
- a notary public
- a magistrate
- a bank officer with 2 or more continuous years of service

## Who can certify documents outside of Australia?

- an authorised staff member of an Australian Embassy,
- High Commission or Consulate
- an authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- an authorised employee of the Commonwealth of Australia who is in a country or place outside Australia
- a Member of the Australian Defence Force who is an officer or a non-commissioned officer with 2 or more years of continuous service
- a Notary Public from a country ranked 129 or below in the latest Transparency International Corruptions

## Change of name

If you have changed your name, you **must** provide a certified copy of the relevant name change document, for example, a Marriage Certificate issued by the Registry of Births Deaths & Marriages, Decree Nisi or Deed Poll (in addition to the above identification).

**If your legal name or date of birth does not match exactly to our records** (excluding aforementioned name changes), please contact us for further instructions.

## Signing on behalf of another person.

If you are signing on behalf of a HESTA for Mercy member you will need to provide the following:

- a **certified** copy of the Guardianship papers or Power of Attorney; and
- a **certified** copy of the appropriate proof of identity for the holder of the Guardianship or Power of Attorney.

**Note:** Certified ID is also required for the member

*Note: If your identification is written in a language other than English, the identification must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator or higher (or an equivalent accreditation), to translate from a language other than English into English.*

## contact us

1300 368 891 | Email form to [information@hestaformercy.com.au](mailto:information@hestaformercy.com.au) or mail to: PO Box 8334, Woolloongabba QLD 4102

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, Trustee of HESTA ABN 64 971 749 321. This information is of a general nature. It does not take into account your objectives, financial situation or specific needs. You should look at your own financial position and requirements before making a decision. You may wish to consult an adviser when doing this. The target market determination for HESTA for Mercy products can be found at [hestaformercy.com.au/tmd](https://hestaformercy.com.au/tmd). Before making a decision about HESTA for Mercy products you should read the relevant product disclosure statement (call 1300 368 891 or visit [hestaformercy.com.au](https://hestaformercy.com.au) for a copy), and consider any relevant risks ([hestaformercy.com.au/understandingrisk](https://hestaformercy.com.au/understandingrisk)).