Deceased Member Claim Form

When completing this form, please use **black** pen and print in CAPITAL letters.

Deceased member details (full name of deceased member)

Mr/Mrs/Miss/Ms

Given names

Surname

Last known address

Street number / PO box

Street name

Suburb

State

Postcode

ACIRT membership number (if known)

Date of birth (dd/mm/yyyy)

Date member died (dd/mm/yyyy)

Claimant's/Beneficiary details (Full name)

Mr/Mrs/Miss/Ms

Given names

Surname

Street number / PO box

Street name

Suburb

State

Postcode

Telephone number

Relationship to deceased

Email address

Bank details for direct deposit

NOTE: Please provide a copy of your Bank Statement or Deposit Slip showing your Name, BSB and Account Number if you want payment by direct deposit. If not received, a cheque will be posted to you.

6 digit branch BSB number

Account number

Account name

Contacting details of person acting on behalf of claimant/beneficiary (Full Name - Solicitor/Authorised Person)

Mr/Mrs/Miss/Ms Given names

Surname

Telephone number

Email address

Statutory declaration

Note: The following section must be completed by the Claimant/Beneficiary and the signature witnessed by a justice of the Peace/Solicitor/Approved person in your State or Territory.

Street name

I, of

Suburb State Postcode

do solemnly and sincerely declare that the information I have provided on this Claim Form is to the best of my knowledge true and correct and I make this solemn declaration consciously believing the same to be true, and by virtue of the provision of the legislation in the State/Territory of

Subscribed and declared,

this day of

Two thousand and

before me

Signature of Justice of Peace

*Claimant(s) signature(s)

Persons making a false statement in a statutory Declaration are liable to the penalties as set out in: NSW: Oaths Act 1990. NT: Northern Territory Oaths Act. VIC: Evidence Act of 1958. TAS: Section 132 of the Evidence Act 1910. QLD: Oaths Act 1867-1981. WA: Evidence Act of 1906. SA: Oaths ACT 1936-1969.

Dependency statement

Street name

I, of

Suburb State Postcode

Relationship

do solemnly and sincerely declare that I was the

of the deceased member and at the time of his/her death I was: *(please tick the appropriate box)*

- ☐ Wholly financially dependent, upon the deceased
- ☐ Partially financially dependent, upon the deceased
- ☐ Non financially dependent, upon the deceased *(Please provide the following)*

Your Tax File Number

Your date of birth (dd/mm/yyyy)

The information that I have provided on this form is to the best of my knowledge true and correct and I make this solemn declaration consciously believing the same to be true, and by virtue of the provisions of the legislation in the State/Territory of

Subscribed and declared,

this day of

Two thousand and

before me

Signature of Justice of Peace

*Claimant(s) signature(s)

Number of Justice of Peace

Privacy

ACIRT collects personal information for the 'primary purpose' of running a Redundancy account. ACIRT will not misuse or change any personal information given. The ACIRT 'privacy policy' is available by calling 1800 060 467 and requesting a copy or visit our website.

Information in respect to a deceased membership claim

The beneficiary or claimant is required to supply copies of the following documents with the completed "Deceased Membership Claim Form" when lodging a claim with the Fund Administrators.

- ☐ The death certificate
- ☐ The birth certificate or government issued ID which shows the date of birth of the member
- ☐ The will or letters of administration, issued by the court.
- ☐ The marriage certificate or other proof of dependancy. **Note: If you do not have a marriage certificate or other proof of dependency, please complete the dependency statement above.**

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