

Death Benefit Claim Form

You can complete this form to initiate a death benefit claim.

Part A: Details about the Deceased Member, Claimants and Estate

Section 1: Details of Deceased Member

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

Suburb

State

Postcode

At the date of death the Member was:

Living alone
 Living in residential care

Living with the following person(s):

Account number(s) (if known) (eg. IQ1234567):¹

¹ If the member also has IconIQ Investment account(s), please complete the separate IconIQ Investment form (Estate Management Notification form).

Section 2: Details of person completing this form

This section can be completed by any of the individuals claiming the death benefit or by a third party who is facilitating the claim.

Full name

Mobile number

Email address

Relationship to the deceased member

Section 3: Details of the estate

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 to this form)

Section 4: Details of member's home and family circumstances

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. See Section E: Important Information for explanation on what is a dependant, financial dependant and interdependent.

Family member/other dependant 1

Full name

Date of birth

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

Suburb

State

Postcode

Country

Mobile Number

Email

Relationship to deceased²

Commencement of relationship

For Child of 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' provide further details in 'Additional Information' on page regarding their financial dependency or interdependency. Please note we may be in contact to request further information.

Family member/other dependant 2

Full name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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

Suburb

State

Postcode

Country

Mobile Number

Email

Relationship to deceased²

Commencement of relationship

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

For Child of 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/other dependant 3

Full name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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

Suburb

State

Postcode

Country

Mobile Number

Email

Relationship to deceased²

Commencement of relationship

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

For Child of 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' provide further details in 'Additional Information' on page regarding their financial dependency or interdependency. Please note we may be in contact to request further information.

Family member/other dependant 4

Full name

Date of birth

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

Suburb

State

Postcode

Country

Mobile Number

Email

Relationship to deceased²

Commencement of relationship

For Child of 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/other dependant 5

Full name

Date of birth

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

Suburb

State

Postcode

Country

Mobile Number

Email

Relationship to deceased²

Commencement of relationship

For Child of 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' provide further details in 'Additional Information' on page regarding their financial dependency or interdependency. Please note we may be in contact to request further information.

Family member/other dependant 6

Full name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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

Suburb

State

Postcode

Country

Mobile Number

Email

Relationship to deceased²

Commencement of relationship

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

For Child of 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/other dependant 7

Full name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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

Suburb

State

Postcode

Country

Mobile Number

Email

Relationship to deceased²

Commencement of relationship

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

For Child of 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' provide further details in 'Additional Information' on page regarding their financial dependency or interdependency. Please note we may be in contact to request further information.

Additional Information

To support Financial Dependency (see Section E for guidance)

If anyone was financially dependent on the deceased member 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, utilities 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 dependants, 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).

Financial Dependent's full name

Please provide as much supporting detail as possible

To support Interdependency (see Section E for guidance)

Each person who had an interdependency relationship with the deceased member has to complete the following. If there are multiple interdependants, 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).

Interdependent's full name

At the time of member's death:

Were they living with the member? Yes No If yes, for how long?

Did one or both of them provide the other with financial support? Yes No

Did one or both of them provide the other with domestic support and personal care? Yes No

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of person 2 making declaration

Full name of person making declaration

Declared at (location)

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of authorised witness

Name of authorised witness

Capacity of authorised witness (see list below)

Address of witness

This form must be signed in the presence of an authorised person as a witness.

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

Generally speaking, 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)).

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 of the *Statutory Declarations Act 1959* (Cth).

Part B: Payment Instructions

Death benefits may be paid in different manner depending on the beneficiary’s relationship to the deceased. Please fill in the details in the relevant section below. This information will be used to process the payment if you are 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.

Lump sum payment

Name of bank/financial institution

*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.

TFN Number

Death benefits payable to the member’s spouse, minor child, financial dependant or an interdependant (see Section E) 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 interdependant.

Please 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.

Payment Instruction Acknowledgement

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 Trustee’s privacy policy available at www.eqt.com.au/global/privacystatement.

Full name of person 1 giving the instructions

Signature

Date

Full name of person 2 giving the instructions

Signature

Date

Part C: Documents to Provide

This section provides a full list of all documents to provide with your claim.

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

Estate Documents

For non-binding beneficiary nominations, non-lapsing binding 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 to this form)

⁴Please 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 your documentation

Your documentation can be certified by any of the following individuals:

- A person who is licensed or registered to practice in one of the following occupations:
 - Chiropractor
 - Dentist
 - Legal practitioner
 - Medical practitioner
 - Nurse
 - Optometrist
 - Patent attorney
 - Pharmacist
 - Physiotherapist
 - Trade marks attorney
 - Veterinary surgeon
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Employee of the Australian Trade and Investment Commission who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
 - c. exercising his or her function in that place
- Employee of the Commonwealth who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
 - c. exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 2 or more years of continuous service
- Holder of a statutory office not specified in another item in this Part
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - a. an officer; or
 - b. a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service; or
 - c. a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- Member of:
 - a. the Parliament of the Commonwealth; or
 - b. the Parliament of a State; or
 - c. a Territory legislature; or
 - d. a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - a. the Commonwealth or a Commonwealth authority; or
 - b. a State or Territory or a State or Territory authority; or

- c. a local government authority; with 2 or more years of continuous service who is not specified in another item in this Part
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - a. the Commonwealth or a Commonwealth authority; or
 - b. a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees
- An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees
- A person authorised as a notary public in a foreign country.

- 4. a person who was in an interdependency relationship with the deceased at the date of death (interdependent).

An interdependency relationship exists where two persons satisfy ALL of the following:

1. they have a close personal relationship; and
2. they live together, and
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 between housemates.

Decision on death benefit beneficiary

In the absence of a valid 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 persons, the Trustee must follow the superannuation law. This means the Trustee must only pay the death benefit to the deceased member's estate or dependants (e.g. spouse, child or interdependent). The Trustee can only pay the death benefit to a non-dependant if the Trustee cannot identify a dependant of the deceased member, after making reasonable enquiries.

If there are multiple potential beneficiaries, the Trustee may notify them as to how and to whom the Trustee intends to pay the benefit and give them an opportunity to object and request a different distribution.

Part D: Important Information

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)
2. a child including biological child, adopted child and step child
3. someone who, at the time of the member's death, relied on the member for financial support (financial dependant)

Appendix

INDEMNITY AND REQUEST TO WAIVE PROBATE STATUTORY DECLARATION

This declaration is NOT required if there is a non-lapsing binding 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 Equity Trustees Superannuation Limited as the Trustee of IconiQ Super Wrap (Trustee)

I
Full name of declarant

of
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
Name of the Deceased

of
Address of the Deceased

who died on the date of

3 I believe that the Will dated 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 The Trustee has been made aware of all dependants of the Deceased I know about, including any legal or de facto spouse; natural, adopted and step children; financial dependants and interdependants.
- 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 the Trustee in respect of the Deceased, I agree to indemnify and keep indemnified the Trustee, 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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of authorised witness

Name of authorised witness

Capacity of authorised witness

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address of witness

How to return this form

Provide to your Adviser

Provide this form to your Financial Adviser to upload on your behalf.

Online Upload

Submit the completed form online via Portfolios > Reports & Documents > Submit Superannuation Documents.

If required, you may post this form to:

GPO Box 1657

Melbourne VIC 3001