

Application to be determined as surviving partner (pensions)

Name of deceased pensioner: _____

Pension number (if known): _____

Name of applicant (potential surviving partner): _____

Please complete in pen using **BLOCK** letters. Print 'X' to mark boxes where applicable.
The form includes a Statutory Declaration that must be signed and witnessed.

Section A – Deceased pensioner

Please indicate the relationship status of the deceased pensioner at the date of death.

Married Significant Relationship Separated Divorced Single

Deceased pensioner's last residential address:

Address _____

Suburb _____ State _____ Post Code _____

Deceased's Tax File Number (if known)

Section B – Your details

1. A **'surviving partner'** is a person who the Commission is satisfied that, at the time of a pensioner's death was either married or in a significant relationship (within the meaning of the *Relationships Act 2003*) with the deceased, and:

- was living with the pensioner on a genuine domestic basis and was receiving significant financial support from the pensioner; or
- was living with the pensioner on a genuine domestic basis; or
- was not living with the pensioner on a genuine domestic basis but was receiving significant financial support from the pensioner.

Were you married to the deceased? Yes No

If yes, please enter your details below and attach a copy of the Certificate of Marriage.

Were you in a significant relationship with the deceased? Yes No

If yes, please enter your details below. If no, please move to question 2.

The Commission cannot determine more than one person to be the surviving partner of the pensioner.

Name	Address	Telephone number
Relationship (e.g. married, significant relationship, etc)		

2. Please provide a **certified** copy of your proof of identity documents.

Please see the enclosed information sheet 'Completing proof of identity' and Step 4 of the checklist for further information and for details of other suitable identification documents.

I have attached a **certified** copy of my proof of identity Yes No

Section C – Evidence of your relationship

3. Were you living in the **same** residence as the deceased at the time of their death?

Yes No

If yes, please **attach certified** documentary evidence showing the residential address of both yourself and the deceased. Refer to Step 5 of the checklist for more information.

4. Were you living in a **separate** residence to the deceased at the time of their death?

Yes No

If yes, please provide details below as to why.

5. Were you receiving **financial support** from the deceased at the time of their death?

Yes No

If yes, please attach **certified evidence** of any financial support provided by the deceased to yourself. Refer to Step 6 of the checklist for more information.

If you **were not** living together with the deceased and **were not** receiving financial support please provide details below as to why:

If there is any further information the Commission should be aware of in support of this application, please advise the details here:

6. If you are determined to be the surviving partner, we will need your banking details and your Tax File Number. Please complete the below to advise us of your banking details and also complete the attached ATO Tax File Number Declaration form.

We are unable to make any pension payments until these details are received.

Payments cannot commence until such time as you have been determined as the surviving partner by the Commission.

Electronic Funds Transfer Authorisation	
Account name	
Name of Bank or Credit Union	
BSB number	
Account Number	
I hereby authorise Australian Administration Services Pty Ltd (AAS) as the Administrator of the Retirement Benefits Fund, to credit my payments to my bank/credit union account.	
Signature:	

7. Complete all fields and sign the Declaration below.

I: _____

Of the following address: _____

Current occupation: _____

**do solemnly and sincerely declare that the information I have provided in this form is true and correct.
I make this solemn declaration under the Oaths Act 2001.**

SIGNED

DECLARED at _____ **this** _____ **day of** _____ **20** _____

Before me _____
(Justice of the Peace, Commissioner for Declarations or authorised person)

The Fund is administered by us along with our service provider, Australian Administration Services Pty Ltd (AAS). We collect, use and disclose personal information about you in order to manage your application. Our Privacy Policies are available to view at www.rbf.com.au or you can obtain a copy by contacting us on **1800 622 631**. If you do not provide the personal information requested, we may not be able to process your application. We may disclose your information to various organisations in order to process your application, including our professional advisors, insurers, our related companies which provide relevant products or services, any relevant government authority that requires your personal information to be disclosed and our other service providers.

Our Privacy Policies set out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled. If you have any other queries in relation to privacy issues, you may contact us on **1800 622 631** or write to our Privacy Officer, Reply Paid 89418, Parramatta NSW 2124.