

# Death claim notification

**Please note:**

- Please read the Superannuation death benefit claim guide in conjunction with completing this form.
- Please attach a separate sheet if you require more room for a particular answer in this form.
- Please send the completed form and supporting certified documents to **Resolution Life, Locked Bag 5075, Parramatta NSW 2124.**

**Step 1. Details of the deceased member**Account or client numbers<sup>1</sup>

Given name(s)

Surname

Postal address

  

Suburb

State

Postcode

Country

Date of birth

Date of death

Cause of death

<sup>1</sup> Depending on the type of product the deceased member had, this may be referred to as a policy, member, account, contract or client number.

**Step 2. Details of the person completing this form**

Title

Given name(s)

Surname

Postal address

  

Suburb

State

Postcode

**Step 2. Details of the person completing this form (continued)**

Country

Relationship to deceased

Contact number

Email address

**Step 3. State of affairs at the time of the member's death**

Please answer the following questions regarding the state of the member's affairs at the time of their death:

1. Did the deceased pass away leaving a Last Will and Testament?  
☐ No ☐ Yes
2. If you answered yes to **question 1**, will a Grant of Probate be sought?  
☐ No ☐ Yes
3. If you answered no to **question 1**, will Letters of Administration be sought?  
☐ No ☐ Yes
4. Is the estate solvent? (Do the assets excluding super exceed the liabilities of the estate?)  
☐ No ☐ Yes

**Step 4. Marital status at the time of the member's death**

Please select the option(s) that best describe the member's marital status at the time of their death:

- ☐ Married  
☐ Divorced  
☐ In a de facto relationship  
☐ Widowed  
☐ Permanently separated from spouse or de facto partner  
☐ Never married and never in a de facto relationship

#### Step 4. Marital status at the time of the member's death (continued)

##### Relationship history

Please provide full details of all of the member's spouses and partners throughout their life (including ex-spouses), in addition to their partner at the time of death:

| Name of the deceased's partners | Nature of relationship | Address | Date of marriage or cohabitation | Date of divorce or separation |
|---------------------------------|------------------------|---------|----------------------------------|-------------------------------|
|                                 |                        |         | / /                              | / /                           |
|                                 |                        |         | / /                              | / /                           |
|                                 |                        |         | / /                              | / /                           |
|                                 |                        |         | / /                              | / /                           |

#### Step 5. Dependants at the time of death



**Please note:**

A dependant includes the member's spouse (including de facto spouse), all children (including step, adopted, ex-nuptial and posthumous natural children) regardless of a child's age and financial situation, and any person who was wholly or partially interdependent on the member. If there are no dependants, then please write 'Nil' across this section.

Please list all of the deceased's dependants who were alive at the time of the member's death:

| Dependant name | Financial Age dependant | Relationship to deceased | Address | Email address | Certified ID provided |
|----------------|-------------------------|--------------------------|---------|---------------|-----------------------|
|                |                         |                          |         |               |                       |
|                |                         |                          |         |               |                       |
|                |                         |                          |         |               |                       |
|                |                         |                          |         |               |                       |
|                |                         |                          |         |               |                       |
|                |                         |                          |         |               |                       |

#### Step 6. Privacy disclosure

In this section, 'we', 'our' and 'us' means Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life).

This section summarises key information about how we handle personal information. More information can be found in the full version of the Resolution Life Privacy Policy which can be found at [resolutionlife.com.au/privacy](https://resolutionlife.com.au/privacy).

The information 'we' collect about you as a customer includes information such as your identity and contact details, other personal details such as age, gender and financial information. 'We' will not be able to administer this product for you without this information.

'We' may exchange your personal information with members of the Resolution Life, so that the Resolution Life may adopt an integrated approach to its customers. Resolution Life members may use this customer information in the same way 'we' use your information.

'We' may exchange your information with third parties where this is permitted by law or for any of the purposes 'we' use your information.

Third parties include:

- those who refer your business to 'us'
- any person acting on your behalf, including your financial adviser, solicitor, accountant, executor, administrator, trustee, guardian or attorney
- external product providers into which you might direct some of your investment or other product providers to which your investment might be transferred
- where 'we' are required to under domestic or foreign law
- medical practitioners (to verify or clarify, if necessary, any health information you may provide)
- reinsurers and auditors
- claims-related providers such as assessors and investigators (so that any claim you make can be assessed and managed), insurance reference agencies (where we're considering whether to accept a proposal of insurance from you and, if so, on what terms)

## Step 6. Privacy disclosure (continued)

- organisations to whom 'we' may outsource certain functions
- government and law enforcement agencies or regulators
- entities established to help identify illegal activities and prevent fraud and
- the life insured, policy owner or beneficiaries of a policy issued by 'us'.

In all circumstances where 'our' contractors, agents and outsourced service providers become aware of customer information, confidentiality arrangements apply. Customer information may only be used by 'our' agents, contractors and outsourced service providers for 'our' purposes.

'We' may be required to disclose customer information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws or under laws relating to sanctions, anti-money laundering or counter terrorism financing.

The law allows you (subject to permitted exceptions) to access your information. 'We' may charge you for providing this access.

You can do this by contacting:

**Email** [au.service@resolutionlife.com.au](mailto:au.service@resolutionlife.com.au)

**Post** Resolution Life Customer Resolutions  
PO Box 234  
Parramatta NSW 2124

## Step 7. Declaration and acknowledgement

I, (your name)

of (your address)

hereby declare that I am over 18 years of age and that I may be legally entitled to claim the proceeds of the said policy/ies, being the

(please enter your relationship to the deceased) of the deceased,

and hereby undertake to indemnify the Resolution Life Australasia Limited ("Resolution Life") against any loss it may incur in paying the proceeds to me, should I be called upon to do so, and that the particulars which are given above are true and correct in every particular.

I acknowledge that I have read, understood and agree to the Privacy disclosure contained in this form. I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Resolution Life Privacy Policy which is available at [resolutionlife.com.au/privacy](https://resolutionlife.com.au/privacy). I understand that Resolution Life Australasia Limited will not be able to process my claim without this information.

1 Here state in what capacity you claim, whether as a father, mother, widow, widower, or other relation, or as a Proponent, Assignee, Trustee, Beneficiary, Executor, or Administrator of the Estate, etc.

Signature of policy owner

Date

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

## Step 8. Payment details

### Lump sum

A lump sum paid to the following Australian bank account (the account must be in your name, the name of the Estate, or it can also be your solicitor's client account).

### Account type

- ☐ Personal account  
☐ Estate account  
☐ Solicitor's client account

Australian Financial institution

Branch

Account name

BSB number

Account number

### Please note:

That the death claim payment may be paid to another person, or the Estate based on the assessment of your claim. If a decision is made to pay the benefit to multiple recipients, we may request additional information.

If you choose to direct the benefits as a rollover to an Income Stream or as a Death Benefit Rollover, we will provide an additional form to obtain the details.

- ☐ **Rollover to an Income Stream** – You intend to rollover the benefits to an income stream  
☐ **Rollover as a death benefit** – You intend to rollover the benefits to compliant superannuation account

### Payment details, declaration and acknowledgement

I declare and acknowledge that:

- I understand that payment from Resolution Life will be net of any taxes paid or payable in respect of the withdrawn benefits.
- Payment of the benefit in accordance with this form will constitute a complete discharge for the Resolution Life in respect of the benefit.
- If this form is signed under a Power of Attorney, the Attorney confirms that he/she has not received notice of revocation of that Power.
- I agree to indemnify the Resolution Life, Resolution Life Australasia Limited, and their related parties against all actions, loss, proceedings, claims, damages, costs, expenses, liability for tax, including tax payable, if any, in relation to or arising from this payment request or instructions.
- I confirm that I have taken my own independent legal, taxation and other relevant professional advice relating to the effect of all aspects and consequences of the request or instructions and understand and accept the effect and consequences of this payment request or instructions and this indemnity.

Full name<sup>2</sup>

Date

Signature<sup>2</sup>

<sup>2</sup> If signed under a Power of Attorney, please provide a certified copy of the Power of Attorney (with each page certified), and certified identification of the attorney(s).

## Step 9. Document checklist

Please complete the following checklist and attach certified copies of all required documents:

| Document                                         | Why is this required?                                           | Attached                 |
|--------------------------------------------------|-----------------------------------------------------------------|--------------------------|
| 1. Deceased's Death Certificate                  | Required in all cases as a proof of deceased's death.           | <input type="checkbox"/> |
| 2. Deceased's certified ID                       | Required in all cases as a proof of deceased's age.             | <input type="checkbox"/> |
| 3. Evidence of name change                       | Required where the deceased had a name change.                  | <input type="checkbox"/> |
| 4. Last Will and Testament                       | Required if the deceased left a Last Will & Testament.          | <input type="checkbox"/> |
| 5. Grant of Probate or Letters of Administration | Required where either of these items has already been obtained. | <input type="checkbox"/> |
| 6. Your certified ID                             | Required to identify the person(s) completing this form.        | <input type="checkbox"/> |

### What you need to know

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) is the issuer of your product. The information contained in this document is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Resolution Life can be contacted via [resolutionlife.com.au/contact-us](https://resolutionlife.com.au/contact-us) or by calling 133 731.