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
SuburbStatePost Code
Deceased's Tax File Number (if known)
Section B – Surviving Partner 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 <i>Relationships Act 2003</i>) with the deceased, and:
(a) was living with the member on a genuine domestic basis and was receiving significant financial support from the member; or
(b) does not meet the definition in (a) but was living with the member on a genuine domestic basis; or
(c) does not meet the definition in (a) and (b), but for a medical reason or because of the care needed to be provided to the person, would have been living with the member; or
(d) does not meet the definition in (a), (b) or (c) but was receiving significant financial support from the member.
Surviving partner's Date of Birth:
Surviving partner's occupation:
Were you married to the deceased? Yes No

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

lame	Address		Telephone number
delationship e.g. married, significant elationship, etc)			
Please provide a certific	ed copy of your proof of identity docu	ments.	
	information sheet 'Completing proof of ide of other suitable identification documents		p 4 of the checklist for further
I have attached a certifi	ed copy of my proof of identity	Yes	No 🗌
ction C – Evidence of			
Were you living in the sa	ame residence as the deceased at the	time of their	death?
Yes 🗌 No			
-	ertified documentary evidence showing to Step 5 of the checklist for more information.	•	ntial address of both yourself
Were you living in a sep	parate residence to the deceased at the	ne time of the	ir death?
Yes No			
If yes, please provide d	etails 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:					

l:					
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)					

7. Complete all fields and sign the Declaration below.

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.