Declaration in respect of payment of a death benefit

ChildCareSuper

What you need to do

Complete this form and return it to **Child Care Super, GPO Box 1088 Melbourne VIC 3001**.

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 if you are completing Sections A, B, C and/or D.

SECTION A – Deceased member details

Name of deceased:

First name | Surname

Please indicate the marital status of the deceased member at the date of death.

☐ Married ☐ De facto ☐ Separated ☐ Divorced ☐ Single

Deceased member's last residential address:

Street no./PO Box | Street name

Suburb | State | Postcode

Deceased's Membership Number (if known)

Deceased's Tax File Number (if known)

SECTION B – Dependency details and general information

1. Was the deceased survived by a spouse/de facto (Including same sex couples) and/or children (including stepchildren, adopted and adult)?

☐ Yes ☐ No ☐ Don't know

If yes, please enter the relevant details below. If not, please move to Question 2.

	Dependant 1	Dependant 2	Dependant 3
Name			
Age			
Address			
Telephone no. (Guardian no. for child under 18)			
Relationship (e.g. spouse, de facto, child etc)			
Name of Guardian (for child under 18)			
Financially dependent on the deceased?			

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SECTION B continued

Continued	Dependant 4	Dependant 5	Dependant 6
Name			
Age			
Address			
Telephone no.			
Relationship (e.g. spouse, de facto, child etc)			
Name of Guardian (for child under 18)			
Financially dependent on the deceased?			

2. Is there any other person (other than the above) who was financially dependent on or was in an interdependency relationship with the deceased at the time of death?

☐ Yes ☐ No ☐ Don't know

If yes, please provide the relevant details below. If not, please move to Question 3.

Please note: Two people (whether or not related by family) have an Interdependency Relationship if:

- they have a close personal relationship; and
- they live together; and
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care.

OR

- they have a close personal relationship but do not satisfy the other requirements because either or both of them suffer from a disability or are temporarily living apart.

Examples of when an interdependency relationship might exist are:

- two elderly sisters who reside together and are interdependent;
- two close friends in a shared relationship who reside together and are interdependent.

Examples of what is ***not*** considered an interdependency relationship are:

- Friends or flat mates;
- Someone employed to provide domestic support and personal care.

	Dependant 7	Dependant 8
Name		
Age		
Relationship to the deceased		
Telephone no.		
Address		

Declaration in respect of payment of a death benefit

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SECTION B continued

3. Was there any other person (other than those listed previously) who lived with the deceased at the time of death?

☐ Yes ☐ No ☐ Don't know

If yes, please provide the relevant details below. If not, please move to Question 4

	Person 1	Person 2
Name		
Age		
Relationship to the deceased		
Telephone no.		
Address		

4. Did the deceased have a Will?

☐ Yes ☐ No ☐ Don't know

If yes, please attach a certified copy (refer to Page 10 for information on certified documents).

5. Has Probate of the deceased's Will or Letters of Administration of the deceased's Estate been granted or applied for?

Probate:

☐ Yes ☐ No ☐ Don't know

Letters of administration:

☐ Yes ☐ No ☐ Don't know

If yes to either, please attach a certified copy (refer to Page 10 for information on certified documents).

Full name of each Executor of the Will or the Administrator of the estate*:

*If insufficient room, please attach a separate list

6. What is the estimated value of the deceased's estate (if known)? Please also advise the liabilities and assets of the deceased (if known). If available, please attach a certified copy of the Inventory of Property of the deceased's estate. Please advise the details of the likely distribution of the estate and details of any other person who may make a claim on the estate.

Declaration in respect of payment of a death benefit

ChildCareSuper

SECTION B continued

7. Are there any other benefits that may be payable (superannuation, insurance, etc.) as a result of the death of the deceased? Please provide details of the benefit and the likely distribution.

8. Are there any further details that the Trustee should be aware of (e.g. family circumstances, details of any financial support)?

9. Declaration

I certify that the information supplied on the pages of this document are true and correct to the best of my knowledge.

Completed by (print name)

Relationship to the deceased

(i.e. spouse, son, daughter, executor etc.)

Signature

✗

Date

The law relating to the payment of death benefits from Australian superannuation plans requires that the Trustee must ensure that all possible beneficiaries are identified. Failure to fully investigate the circumstances of all potential beneficiaries would leave the Trustee open to claims by a legitimate beneficiary who has been overlooked or not properly considered.

The information provided on this form, and any documents supplied to support the claim, will be used by the Fund's Trustee and Administrator only to determine the person(s) to whom the death benefit should be paid. You should be aware that under superannuation legislation, the Trustee may deem it necessary to communicate details of its proposed payment to potential beneficiaries. This means that a person's name, and details of their relationship to or dependence on the deceased member, may be disclosed to other claimants. It may also be disclosed to the Trustee's legal advisers and, if required, to an external dispute resolution body.

Declaration in respect of payment of a death benefit

ChildCareSuper

SECTION C – Intention to be considered by the trustee in the payment of the death benefit

If you do not wish to be considered, please complete Section D.

Name of deceased:

First name | Surname

In order for the Trustee to be able to consider the distribution of the benefit, all known potential beneficiaries must sign and have witnessed a copy of Section C or D of this form. If this form is being completed on behalf of a minor, it must be signed on his/her behalf by their legal guardian.

Your title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Your name:

First name | Surname

Your relationship to deceased (e.g. spouse, son, daughter, executor or administrator of the estate, etc.):

Address:

Street no./PO Box | Street name

Suburb | State | Postcode

Telephone | Date of birth

You are not required to complete the following section if you are the executor or administrator of the estate, were married to the deceased at the time of their death or are the legal guardian of the minor.

1. Were you financially dependent upon the deceased at the time of his/her death? ☐ Yes ☐ No

2. Were you in an interdependency relationship with the deceased at the time of his/her death? ☐ Yes ☐ No

If you have answered 'yes' to any of the above questions, please provide specific details on how you were financially dependent or interdependent upon the deceased at the time of his/her death. In order for consideration to be given to an interdependency relationship you must provide details of the circumstances of the relationship, including (where relevant):

- the duration of the relationship and the reputation and public aspects of the relationship;
- whether or not a sexual relationship existed;
- the degree of emotional support;
- the ownership, use or acquisition of property;
- the extent to which the relationship was one of mere convenience;
- the degrees of mutual commitment to a shared life;
- the care and support of children; and
- the intended permanency of the relationship.

Please attach any relevant evidence of the above.

You will need to provide a certified copy of your driver's licence or passport in order to verify your identity. Please see the enclosed information sheet 'Completing Proof of Identity' for further information and for details of other suitable identification documents.

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

Declaration in respect of payment of a death benefit

ChildCareSuper

SECTION D – Intention *not* to be considered by the trustee in the payment of the death benefit

If you do wish to be considered, please complete Section C.

What you need to do: Complete this form and return it to Child Care Super, GPO Box 1088 Melbourne VIC 3001

Name of deceased:

First name

Surname

If you do not wish to be considered by the Trustee when it determines the proportions and to whom it will distribute the benefit, you need only complete and sign Section D.

You should only complete Section D if you were ***not*** wholly or partly financially dependent on the deceased at the time of their death or you ***did not*** have an interdependency relationship with the deceased at the time of their death ***and*** you ***DO NOT*** wish to be considered by the Trustee when it determines the proportions and to whom it will distribute the benefit of the Deceased.

You acknowledge that by signing Section D, you will be extinguishing your right to be considered by the Trustee with respect to the Deceased's death benefit. You also acknowledge that the Trustee has recommended you carefully consider your position, and if required, seek legal advice.

I, *(full name)*

as the *(relationship to the deceased)*

of *(full name of the deceased)*

who resides at *(street address)*

(Suburb)

(State)

(Postcode)

Hereby declare that I was not wholly or partly financially dependent on the deceased at the time of their death and/or I did not have an interdependency relationship with the deceased at the time of their death and I DO NOT wish to be considered by the Trustee when it determines the proportions and to whom it will distribute the benefit of the Deceased and that all details listed on this form are to the best of my knowledge accurate and correct.

Usual signature

✗

Date

In the presence of:

Name

Signature

✗

Declaration in respect of payment of a death benefit

ChildCareSuper

SECTION E – Intention to be considered by the trustee in the payment of the death benefit - payment to the Estate

What you need to do: Complete this form and return it to Child Care Super, GPO Box 1088 Melbourne VIC 3001

Name of deceased:

First name | Surname

Please only complete this section if you are the executor or administrator of the member's estate and you are asking for some or all of the superannuation benefit to be paid to the estate.

Name of the estate:

E.1 Are you the sole executor or administrator of the estate?

☐ Yes – please provide your details in the table below

☐ No – please provide the details for you and each executor or administrator in the table below*

Full Name	Residential address	Date of birth

*If insufficient room, please attach a separate list

E.2 How much of the member's superannuation benefit are you asking to be paid to the estate?

$

E.3 If the benefit is paid to the estate, which of the beneficiaries of the estate will receive that superannuation benefit?

Please provide the full name of each beneficiary:

Declaration in respect of payment of a death benefit

ChildCareSuper

SECTION E continued

E.4 Is the Will being contested? ☐ No ☐ Yes – please tell us about it:

E.5 Certified proof of identity

Please provide ***certified*** proof of identity for one of the executors or administrators mentioned in table D1. Please see the attached information sheet 'Completing Proof of Identity' for further information and details of suitable documents and how to have them certified.

E.6 Is there anything else you would like to tell us?

Declaration in respect of payment of a death benefit

ChildCareSuper

STATUTORY DECLARATION

I, *(Name, address and occupation of person making the declaration)*

make the following declaration under the Statutory Declaration Act 1959:

I declare that all details provided in this form are to the best of my knowledge accurate and correct.

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, and I believe that the statements in this declaration are true in every particular.

Signature of person making the declaration

✗

	(Place)		*(Date)*		*(Month)*		*(Year)*
Declared at		on the		day of		in the year	

Before me

Signature of person before whom the declaration is made

✗

Please refer to the 'Completing proof of identity' section on the next page for a list of persons who may witness the signing of the Statutory Declaration.

Full name, qualification and address of person before whom the declaration is made (in printed letters)

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 Declaration s Act 1959.

Note 2. Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 – see section 5A of the Statutory Declarations Act 1959.

Declaration in respect of payment of a death benefit

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SECTION F – Checklist

Please use the checklist below to ensure you have fully completed this application and submitted ALL required supporting documentation.

If you wish to be considered by the Trustee in the distribution of the benefit (or if you are requesting that part or all of the benefit be paid to the estate), have you fully completed Sections A and B and either C or E, including the Statutory Declaration, and provided a certified copy of your proof of identity?	☐ Yes	☐ No	
If you are the executor or administrator of the estate, you have provided certified proof of identity documents for one of the executors or administrators listed in the table in Section E?	☐ Yes	☐ No	
If you do NOT wish to be considered by the Trustee in the distribution of the benefit, have you fully completed Section D?	☐ Yes	☐ No	
Has a certified copy of the full Death Certificate (including cause of death) been provided?	☐ Yes	☐ No	
Has a certified copy of the deceased's proof of identity, such as a copy of the deceased's, passport or driver's licence been provided?	☐ Yes	☐ No	
If the deceased was married, has a certified copy of the marriage certificate (as issued by the Registrar of Births Deaths and Marriages) been provided?	☐ Yes	☐ No	☐ N/A
Has a certified copy of the deceased's Will been provided? If Grant of Probate has been issued, please provide a certified copy of the Will stamped by the Court.	☐ Yes	☐ No	☐ N/A
Has a certified copy of Probate or Letters of Administration, including a copy of the inventory of assets or property of the deceased's estate been provided?	☐ Yes	☐ No	☐ N/A
Has a certified copy of all Orders issued by the Family Court i.e. Divorce, Decree Nisi Absolute, all Financial and Maintenance orders been provided?	☐ Yes	☐ No	☐ N/A

Issued by Stewarda Pty Ltd ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185 as trustee of the Smart Future Trust ABN 68 964 712 340, RSE Registration No R1000566 (the Fund). Child Care Super is a product in the Fund.

11/2026

Completing proof of identity

ChildCareSuper

STEP 1

Go to an authorised person

(e.g., a person at your local pharmacy, school, bank, police station or post office – see Additional Note 1)

Take with you the following photographic identification documents (ID):

- Either your CURRENT driver's licence or passport (see Additional Notes 2 and 3) AND
- Photocopies of your CURRENT driver's licence or passport.

Photographic identification documents must contain your photo and signature and must not be expired (except for Australian passports which may have expired within the last two years).

If you are using your driver's licence and you have moved address, you'll need to provide photocopies of BOTH sides.

If you've **changed your name**, you must also provide a certified copy of the relevant name change document, for example, a Marriage Certificate, deed poll or change of name certificate from the Registry of Births, Deaths & Marriages, in addition to the above identification (see Additional Note 2).

If your **legal name or date of birth does not match our records** (excluding name changes covered above), please contact us for further instructions.

You need to take both the original ID and the photocopies.

STEP 2

Ask them to certify your ID

To certify your ID, an authorised person (see Additional Note 1) needs to:

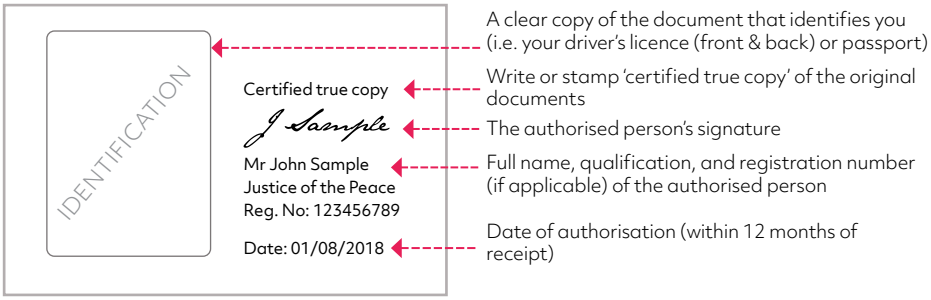
- Compare and check the photocopy to the ORIGINAL
- The certifier must include on EACH page:
  - Written or stamped 'certified true copy'
  - Their signature and printed full name
  - Their qualification (e.g., Pharmacist, Bank employee, Police officer, Australia Post employee, etc.)
  - Date (the date of certification must be within the last 12 months)

See below for an example of how this should appear.

STEP 3

Send the documents back to us

Send the signed and certified copies of your ID back to us, attached to your forms(s) (see Additional Note 4).



ADDITIONAL NOTES

1. **See overleaf for information on who can certify your ID.** There may be a charge for certifying documents, please check directly with the certifier.
2. **There are other documents that can be used to prove your identity** if you do not have, or do not wish to provide, either a current driver's licence or passport. Refer to 'Other documents that can be used to prove your identity' below.
3. **If your identification or other document is not written in English**, the document must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or higher (or an equivalent accreditation), to translate from a language other than English into English.
4. If you are **signing a form on behalf of another person**, you will need to provide the following:
   - A certified copy of the Guardianship papers or Power of Attorney, and
   - A certified copy of the appropriate proof of identity for the holder of the Guardianship or Power of Attorney, and
   - A certified copy of the appropriate proof of identity for the applicant.

OTHER DOCUMENTS THAT CAN BE USED TO PROVE YOUR IDENTITY

Either **one** of the following (they must include your photo and signature):

- A CURRENT card issued under an Australian State or Territory for the purpose of providing your age
- A CURRENT national identity card issued by a foreign government for the purpose of identification (see Additional Note 3)

OR

If you can't provide any photographic identification, you can provide **two alternative identification documents, one from each of the following lists**:

- Birth certificate or birth extract
- Citizenship certificate issued by the Commonwealth of Australia
- Pension card issued by the Department of Human Services (Centrelink) that entitles the person to financial benefits

AND

- Letter from the Department of Human Services (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment
- Australian Tax Office Notice of Assessment issued in the last 12 months
- Rates notice from your local council issued in the last three months
- Electricity, gas or water bill issued in the last three months
- Landline phone bill issued in the last three months (mobile phone bills are not acceptable)

(The letter, notice or bill must show your name and current residential address)

Contact the Member Services Team if you are unable to provide any of the documents set out above.

Completing proof of identity

ChildCareSuper

Who can certify documents in Australia?

- **Australia Post permanent employee or agent** (who is currently employed with the post office and has at least two continuous years of service) **or agent** (in charge of 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, building society officer or credit union officer** (with two or more continuous years of service)
- **Commissioner for Affidavits or Declarations**
- **Court Officer, Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court**
- **Fellow of the National Tax Accountant's Association**
- **Finance Company Officer** (with two or more continuous years of service)
- **Justice of the Peace**
- **Legal practitioner on the roll of the Supreme Court of a State or Territory, or the High Court of Australia**
- **Marriage celebrant** (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- **Medical practitioner, chiropractor, dentist, nurse, optometrist, physiotherapist, psychologist**
- **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 Australasian Institute of Mining and Metallurgy**
- **Member of the Australian Defence Force** (who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or 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 National Institute of Accountants**
- **Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority** (State or Territory)
- **Minister of Religion** (under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- **Notary Public**
- **Officer with, or Authorised Representative of, an Australian Financial Services Licensee** (who has had at least two years of continuous service with one or more licensees)
- **Officer with, or a credit representative of, a holder of an Australian credit licence** (who has had at least two years of continuous service with one or more licensees)
- **Permanent employee of the Commonwealth** (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a **Local Government Authority** with two or more years of continuous service
- **Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made**
- **Pharmacist**
- **Police Officer, Sheriff or Sheriff's Officer**
- **Teacher employed on a full-time basis at a school or tertiary education institution**
- **Trade marks attorney or patent attorney**
- **Veterinary surgeon**

Who can certify documents outside of Australia?

- **Authorised staff member of an Australian Embassy, High Commission or Consulate**
- **Authorised employee of the Australian & Investment Trade Commission** who is in a country or place outside Australia and authorised under 3(d) of the Consular Fees Act 1955
- **Authorised employee of the Commonwealth of Australia** who is in a country or place outside Australia and authorised under 3(c) of the Consular Fees Act 1955
- **Member of the Australian Defence Force** who is an officer or a non-commissioned officer with two or more years of continuous service
- **Notary Public from a foreign country. Note: we require that the foreign country is ranked 129 or below in the last Transparency International Corruptions Perception Index** (visit transparency.org for details)

Contact the Member Services Team on **1800 060 215** if you are unable to provide any of the documents set out above.

Authority Form – Third Party

MetLife Insurance Limited
ABN 75 004 274 882 AFSL No 238096
Level 9, 2 Park Street
GPO Box 3319 Sydney NSW 2001
Ph: 1800 221 599 Fax: 02 9266 1170
Website: www.metlife.com.au

The Late:

Date of Birth:

Formerly of:

MetLife Claim No:

Medical authority

This section must only be completed by the executor/executrix or legal personal representative of the deceased's estate.

In my capacity as _____* of the deceased

*State here in which capacity you claim (e.g. as executor/executrix or legal personal representative of the Estate)

I hereby authorize:-

- any hospital or physician or any other person who has attended the deceased, to provide to MetLife Insurance or its representatives, any and all information with respect to any illness or injury, medical history, consultations, prescriptions or treatments and copies of all hospital medical records and clinical notes.
- any benefit provider such as other insurers or Government Departments (including Worker's Compensation, Centrelink or similar benefit providers) that provide benefits in the event of unemployment, sickness and/or injury for the nominated party to supply MetLife Insurance with full particulars of any and all claims made by the Late

  _____ *(insert deceased's full name)*

  for benefits in the event of unemployment, sickness and/or injury including copies of evidence they hold.

I agree that a copy of this Medical Authority shall be considered as effective and valid as the original.

I understand and agree that if I do not give the information requested by MetLife or its representative that MetLife may not be able to assess, investigate or pay the claim.

A photocopy of this authority is as valid as the original.

Signature

✗

Name:

(please print)

Date: