

CATHOLIC SUPER Pension Plan Notification of Death



Address: Level 1, 535 Bourke Street Melbourne VIC 3000; PO Box 333, Collins Street West VIC 8007

Phone: 1300 730 327 **Fax:** (03) 9648 4720 **Email:** info@csf.com.au **Internet:** www.csf.com.au

Please use **BLOCK** letters and **black ink** when completing this form.


Section 1: Deceased's details

| | | |
|-------------------------------|----------------------------|----------------------------|
| Catholic Super Pension Number | Date of Birth (DD/MM/YYYY) | Date of Death (DD/MM/YYYY) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mr/Mrs/Ms/Miss/Dr/Rev | Surname | |
| <input type="text"/> | <input type="text"/> | |
| Given Names | | |
| <input type="text"/> | | |

Section 2: Surviving spouse details

| | | | |
|-------------------------------------------------------------|----------------------------|----------------------|--|
| Mr/Mrs/Ms/Miss/Dr/Rev | Surname | | |
| <input type="text"/> | <input type="text"/> | | |
| Given Names | | | |
| <input type="text"/> | | | |
| Date of Birth (DD/MM/YYYY) | | | |
| <input type="text"/> | | | |
| Residential Address | | | |
| Street Number | Street Name | | |
| <input type="text"/> | <input type="text"/> | | |
| Suburb / Town | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Postal Address (if different to residential address) | | | |
| Street Number / PO Box | Street Name | | |
| <input type="text"/> | <input type="text"/> | | |
| Suburb / Town | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Telephone (Home) | Telephone (Business Hours) | | |
| <input type="text"/> | <input type="text"/> | | |
| (Mobile) | | | |
| <input type="text"/> | | | |
| Email address | | | |
| <input type="text"/> | | | |

Section 3: Details of informant completing this form, if not spouse

| | | |
|-------------------------------------------------------------------------------------|----------------------------|----------|
| Mr/Mrs/Ms/Miss/Dr/Rev | Surname | |
| | | |
| Given Names | | |
| | | |
| Residential Address | | |
| Street Number | Street Name | |
| | | |
| Suburb / Town | State | Postcode |
| | | |
| Postal Address (if different to residential address) | | |
| Street Number / PO Box | Street Name | |
| | | |
| Suburb / Town | State | Postcode |
| | | |
| Telephone (Home) | Telephone (Business Hours) | |
| | | |
| (Mobile) | | |
| | | |
| Email address | | |
| | | |
| Relationship to deceased | | |
| | | |
| Signature of informant | Date (DD/MM/YYYY) | |
|  | | |

Section 4: Completing Proof of Identity

After completion, please return this form to the address below, together with the following;

- **Certified** copy of the death certificate
- **Certified** copy of the Will, Probate parchment or Letters of Administration.
- **Certified** proof of age and identity of the deceased
- **Certified** proof of age and identity of the spouse

Please tick the relevant box/es to indicate which of the following acceptable certified documents you have attached to this form. (Only provide original documents if you are submitting this form in person at a Fund office).

| EITHER: | OR | AND |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>One of the following documents only:</p> <p><input type="checkbox"/> A current driver's licence or permit issued under the law of a State or Territory; or</p> <p><input type="checkbox"/> A passport issued by the Commonwealth which can be up to two years out of date;</p> <p>that contains a photograph of the person in whose name the document is issued.</p> | <p>One of the following documents:</p> <p><input type="checkbox"/> birth certificate or birth extract</p> <p><input type="checkbox"/> citizenship certificate issued by the Commonwealth</p> <p><input type="checkbox"/> pension card issued by Centrelink that entitles you to financial benefits.</p> | <p><input type="checkbox"/> notice issued by Commonwealth, State or Territory Government within the past 12 months, containing your name and residential address, recording the provision of financial benefits (Not applicable if you are also providing a pension card)</p> <p><input type="checkbox"/> notice issued by the ATO within the past 12 months that contains your name and residential address</p> <p><input type="checkbox"/> notice issued by a local council or utilities provider within the past three months that contains your name and residential address.</p> |

If you are unable to provide accepted certified documents, please contact Catholic Super for other options.

Certification of personal documents

All copied pages of **original** proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below). The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date. The following people can certify copies of the originals as **true and correct** copies:

- a person enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia, as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a notary public officer (for the purposes of the Statutory Declaration Regulations 1993)
- a police officer
- a permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
- a finance company officer with five or more years of continuous service with one or more finance companies (for the purposes of the *Statutory Declaration Regulations 1993*)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees

Return the completed, signed and dated application to:

Catholic Super
PO Box 333
Collins Street West VIC 8007