

Application for payment of death benefit

Please complete and sign this form and return to: BUSSQ PO Box 1526, Milton Qld 4064 or email a copy to insurance@bussq.com.au. For help completing this form call **1800 692 877**, email insurance@bussq.com.au or visit bussq.com.au

1 Personal details

BUSSQ member number (if known) Date of birth (dd/mm/yyyy) Date of death (dd/mm/yyyy)

Mr/Mrs/Ms/Miss Given names Surname

Street address

Suburb/Town State Postcode

With whom was the deceased residing immediately prior to death? (Please tick this box if deceased resided alone)

Mr/Mrs/Ms/Miss Given names Surname

Relationship to deceased

Did the deceased leave a will? YES NO

If so, please provide a brief summary of assets and liabilities.

Has probate been applied for or granted? YES NO

If there is no will, is administration being sought? YES NO

Administrators details

Deceased Tax File Number

You may choose to quote the deceased Tax File Number to an organisation such as BUSSQ, paying a Termination Benefit on behalf of the deceased. If you choose not to quote the deceased's Tax File Number, the organisation must by law take out tax at the highest rate plus the medicare levy.

2 Claimant details

Mr/Mrs/Ms/Miss Given names Surname

Date of birth (dd/mm/yyyy) Contact number or mobile Email

Street address

Suburb/Town State Postcode

Postal address (if different to above)

Suburb/Town State Postcode

3 Relationship to the deceased

Please indicate your relationship, A, B or C to the deceased below:

A.

Legal personal representative of the deceased

Please go to section 6

B.

Dependant of the deceased

Please read the below definitions of a dependant and select the one which applies to you:

Spouse

A spouse of the member (legal or defacto including same sex).

Claim on behalf of a minor child

A child of the member including adopted children, children of member's spouse and children born as a result of artificial procedures or surrogacy during a relationship with the member.

Adult child

Please fill in details of minor children in section below.

As per definition above.

Interdependency relationship

A person in an interdependency relationship with the member. An interdependent partner is a person that the member*:

- Had a close personal relationship with,
- Lived with,
- Provided with financial support; or they provided the member with financial support, and
- Provided domestic support and personal care; or they provided the member with domestic support and personal care.

Other financial dependency

Any other person the Trustee considers financially dependent on the member for the maintenance and support at the time of death.

*Interdependency can also arise between two people who have a close personal relationship but do not live together or provide each other with financial or domestic support because of physical, intellectual or psychiatric disabilities. In accordance with the relevant laws interdependency relationships will also be assessed by considering all circumstances of the relationship including (where relevant): the relationship's duration; whether a sexual relationship existed; the ownership, use and acquisition of property; the degree of mutual commitment to a shared life; the care and support of children; the reputation and public aspects of the relationship; the degree of emotional support provided; the extent to which the relationship was one of mere convenience; and any evidence suggesting the parties intended the relationship to be permanent.

Details of minor child/children

Child 1

Given names

Surname

Street address

Suburb/Town

State

Postcode

Child 2

Given names

Surname

Street address

Suburb/Town

State

Postcode

Child 3

Given names

Surname

Street address

Suburb/Town

State

Postcode

If there is insufficient space to answer, please attach a separate sheet.

Details of minor/s parent/guardian if they are not the claimant

Mr/Mrs/Ms/Miss	Given names	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	Contact number or mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address		
<input type="text"/>		
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different to above)		
<input type="text"/>		
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. **Other claimants (e.g. family member)** Please specify your relationship to the Deceased.

4 Dependency

Please provide full details of your financial dependency. If you were not financially dependent on the Deceased write "Not applicable." If you are responsible for the care of minor children of the Deceased, or are claiming on behalf of minor children of the Deceased, please include their details (name, address, date of birth) and information about their dependency. If insufficient space is available, please attach separate details.

Is there any other information about you, or about a child you are claiming on behalf of, which would assist the Trustee in assessing your relationship with the Deceased? (If there is insufficient space to answer please attach a separate sheet.)

5 Personal questionnaire

You need to complete this section if you are claiming as a de facto or interdependency relationship.

If at the time of the Deceased's death you were married to them or in a relationship registered under the law of a State or Territory, please complete **Part A**. If at the time of the Deceased's death you were a de facto spouse (not registered) or in an interdependency relationship with the Deceased, please complete **Part B**. If insufficient space is available, please attach separate details.

Please state your full name

Mr/Mrs/Ms/Miss	Given names	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART A

At the time of the Deceased's death: Were you separated? YES NO

If YES, please give approximate date of separation. (dd/mm/yyyy)

Were there any matters pending in the Family Court between you and the Deceased? YES NO

If YES, please provide details.

PART B

Are you claiming as: De facto spouse YES NO Interdependency Relationship YES NO

To qualify as a de facto spouse of the Deceased, at the time of their death, you must have been in a relationship as a couple living together on a genuine domestic basis.

What was the duration of the relationship? Please give approximate dates:

Was there a sexual relationship in existence? YES NO

Were you living together at the time of death of the deceased? YES NO

Were you and the Deceased financially dependent on each other? Please give details: (not required if all relevant information has been provided in Section 4)

Did you hold any joint ownership or joint liabilities in property or lease/tenancy arrangement? Please provide details:

Are there any children of the relationship or did the relationship include care and support for any other children? Please provide details: (not required if all relevant information provided in Section 4)

Did you provide domestic support and personal care to the Deceased, and/or did they provide you with domestic support and personal care? Please give details:

Please detail any other information in relation to your relationship with the Deceased you wish to be taken into consideration. If you are claiming as a de facto spouse, please note that the Trustee will consider evidence of the degree of mutual commitment to a shared life, the reputation and public aspects of the relationship.

6 Other claimants

Please identify any person you are aware of other than yourself who would qualify as a 'dependant' of the Deceased:

First person's full name Relationship to deceased

Date of birth (dd/mm/yyyy) (if known) Daytime contact number (if known)

Street address

Suburb/Town State Postcode

If you believe the Deceased had no dependants, please identify the Deceased's parents:

Parent 1 Full name Relationship to deceased

Date of birth (dd/mm/yyyy) (if known) Daytime contact number (if known)

Street address

Suburb/Town State Postcode

Parent 2 Full name

Relationship to deceased

Date of birth (dd/mm/yyyy) (if known)

Daytime contact number (if known)

Street address

Suburb/Town

State

Postcode

7 Privacy and other important information

BUSSQ collects and uses your personal information in accordance with the BUS SQ Privacy Statement which is available from our website or by calling **1800 692 877**. Please call us if you have any questions about your rights under the privacy legislation.

8 Declaration and signature

I declare that:

- I apply to receive the Death Benefit payable from BUS SQ.
- I have read and carefully considered the questions in this application and all answers provided are true and correct.
- I have read and understood the Privacy Statement and consent to the handling of my personal information (and that of my children) or other dependant(s) named in this application by BUS SQ.



Please sign and date.

Forms without both a signature and date are unable to be processed.

Claimant to sign here

Dated (dd/mm/yyyy)

WITNESS DETAILS (Note: this can be completed by any person of legal capacity over the age of 18.)

Mr/Mrs/Ms/Miss

Given names

Surname

Street address

Suburb/Town

State

Postcode

Witness to sign here

Dated (dd/mm/yyyy)

SIGN
HERE

SIGN
HERE

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