

APPLICATION FOR PAYMENT OF DEATH BENEFIT

Please complete and sign this form and return to: BUSSQ, PO Box 1526, Milton Qld 4064

1 PERSONAL DETAILS OF THE DECEASED

BUSSQ membership 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

Street address Suburb / Town State Postcode

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

Email

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 7

B. DEPENDANT OF THE DECEASED

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

<input type="checkbox"/>	Spouse	A spouse of the member (legal or defacto including same sex).
<input type="checkbox"/>	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. Please fill in details of minor children in section below.
<input type="checkbox"/>	Adult child	As per definition above.
<input type="checkbox"/>	Interdependency relationship	A person in an interdependency relationship with the member. An interdependent partner is a person that the member*: <ul style="list-style-type: none">■ 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.
<input type="checkbox"/>	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	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address	Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child 2

Given names	Surname	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address	Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>	
Street address	Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	Daytime contact number	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email			
<input type="text"/>			

C. OTHER CLAIMANTS (e.g. family member) Please specify your relationship to the Deceased.

4 DEPENDANCY

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

PART A

At the time of the Deceased's death: Were you separated? Yes No

If YES, please give approximate date of separation.

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 the relationship one of mutual commitment and support? Please give details:

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:

Full name	Relationship to deceased		
<input type="text"/>	<input type="text"/>		
Date of birth (dd/mm/yyyy) (if known)	Daytime contact number (if known)		
<input type="text"/>	<input type="text"/>		
Street address (if known)	Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Parent 1 Full name	Relationship to deceased		
<input type="text"/>	<input type="text"/>		
Date of birth (dd/mm/yyyy) (if known)	Daytime contact number (if known)		
<input type="text"/>	<input type="text"/>		
Street address (if known)	Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent 2 Full name	Relationship to deceased		
<input type="text"/>	<input type="text"/>		
Date of birth (dd/mm/yyyy) (if known)	Daytime contact number (if known)		
<input type="text"/>	<input type="text"/>		
Street address (if known)	Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRIVACY

This section explains some of the ways that BUSSQ handles personal information of Interested Persons. An Interested Person is a person who may be eligible for or interested in the member's death benefit, and includes any person who has made a claim or lodged an objection to a decision in relation to a death benefit or on whose behalf a claim has been made or objection lodged.

When a member has died, BUSSQ collects, uses, discloses and handles personal information about Interested Persons in accordance with the BUSSQ Privacy Policy which is available from our website or by calling 1800 MY BUSSQ (1800 692 877). Please contact BUSSQ if you have any questions about your rights under the privacy legislation.

BUSSQ collects personal information of Interested Persons (including health information and other sensitive information) in order to assess the claims for payment of a death benefit, including the nature of the relationship of Interested Persons with the deceased member, and to meet our legislative and regulatory obligations including under the Superannuation (Industry) Supervision act 1993 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If an Interested Person who is claiming a death benefit does not provide the information requested, we may not be able to properly assess their claim.

BUSSQ may also collect personal information about an Interested Person from other Interested Persons and from publicly available sources of information.

BUSSQ may disclose personal information of an Interested Person to BUSSQ's insurer and service providers. We will not disclose your personal information to other Interested Persons or their representatives without your consent, except to notify or explain decisions in relation to benefit payments. If you give us personal information about another Interested Person, we may disclose that information to that other Interested Person and may tell them that you gave us the information.

BUSSQ's Privacy Policy states how you can seek to access or correct any personal information BUSSQ holds about you, how to complain about a privacy breach and how BUSSQ will deal with a privacy complaint. You can contact our Privacy Officer in relation to how we handle personal information at:

Marcus Stephen
BUSSQ
P O Box 1526, Milton QLD 4064

7 DECLARATION

I declare that:

- I apply to receive the Death Benefit payable from BUSSQ.
- 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 BUSSQ.

Claimant to sign here



Dated (ddmmyyyy)

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address	Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Witness to sign here



Dated (ddmmyyyy)