

Pension Notification of death



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

This notification will be invalid if the Declaration is not signed and dated by the informant and/or supporting documentation is not attached.

Deceased's details

Mr/Mrs/Ms/Miss/Dr/Rev	Surname	
Given Names		
Date of Birth	Date of Death	SMARTpension Number
D D M M Y Y Y Y	D D M M Y Y Y Y	

Surviving spouse details

Mr/Mrs/Ms/Miss/Dr/Rev	Surname	
Given Names		
Date of Birth		
D D M M Y Y Y Y		
Postal address		
Suburb/Town	State	Postcode

Details of informant completing this form, if not spouse

Mr/Mrs/Ms/Miss/Dr/Rev	Surname	
Given Names		
Postal address		
Suburb/Town	State	Postcode
Telephone (Home)	Mobile	
Relationship to deceased		

Options available

The information requested on this form is required in order to transfer or pay the balance according to the instructions on this form. It may also be provided to specific organisations to provide services to you on our behalf. Your personal information will not be used or disclosed for any other purpose without your consent. If you do not provide the information requested, SMARTpension may not be able to transfer or pay the remaining balance in the deceased's account. You may have access to the information SMARTpension holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1300 366 508.

TICK ONE BOX ONLY

The remaining balance in the deceased's SMARTpension is to be

- transferred to a new SMARTpension account as a reversionary pension to the deceased's dependent(s), as previously nominated by the deceased.
- paid as a lump sum to the deceased's dependent(s) in the proportion(s) previously nominated by the deceased.
- paid in full to the estate (complete details below if not spouse or informant as stated on front of this form)

Details of the person handling the deceased's estate, that is, the executor if there is a Will, or person granted Letters of Administration if there is no Will

(complete only if not spouse or informant as stated on front of this form)

Mr/Mrs/Ms/Miss/Dr/Rev

Surname

Given Names

Postal address

Suburb/Town

State

Postcode

Telephone (Home)

Mobile

Declaration

I declare to the best of my knowledge and belief, the information provided on this form is true and correct.

Signature of notifier

Date

D D M M Y Y Y Y

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

- **Certified** proof of age and identity of the deceased (e.g. copy of the driver's licence, current passport or birth certificate).
Persons able to certify the proof is a true copy of the original include a Justice of the Peace, solicitor, doctor, police officer or bank manager.
- **Certified** copy of the death certificate.
- **Certified** driver's licence or passport of the spouse.
- **Certified** copy of the Will, Probate parchment or Letters of Administration.

It is important to provide this documentation when you return the form to avoid a delay in transferring or paying the account balance. The trustee may also refuse to make payment if the appropriate documentation is not supplied.

For further information

Phone 1300 366 508
Fax 1300 665 403
pensions_team@as.com.au
www.smartpension.com.au

Please return this form to
SMARTpension
Locked Bag 5042
Parramatta NSW 2124

SMART
pension