

Death Claim Information Form

October 2025

Brighter Super Trustee
ABN 94 085 088 484 AFSL 230511

Customer Services
Phone 1800 646 706
Email client.onepath@zurich.com.au

Please note

- This form must be completed in full to enable processing of your claim.
- Please attach a separate sheet if you require more room for a particular answer.

Please complete and return this form to OnePath, Locked Bag 994, North Sydney NSW 2059. Email: client.onepath@zurich.com.au

Membership number(s)

1. Name of Deceased

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other

Surname

Given names(s)

Residential address State Postcode

Date of birth Date of death Occupation

Contact details Work Home

Mobile Email

Cause of death Duration of illness

2. Marital Status at the Date of Death

Please select the option/s that best describe the Member's marital status at the time of death:

1. Married..... ☐
2. Divorced..... ☐
3. In a de facto relationship..... ☐
4. Widowed..... ☐
5. Permanently separated from spouse or de facto partner..... ☐
6. Never married and never in a de facto relationship..... ☐

3. Relationship History

If you did not select option 6 for the Member's marital status at the time of death, please provide full details of all of the Member's spouses and de facto partners throughout their life, not just the partner at the time of death.

Name (please include the names of the deceased partners where applicable)	Nature of Relationship	Address	Date of Marriage or Cohabitation	Date of Divorce or Permanent Separation (if applicable)
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For example

Jan Jones	Ex Spouse	1 Same Street Island Town 1234	01 / 1935	01 / 1948
Mary Sample	Spouse	2 Bea Road Anytown 2567	01 / 1950	

4. State of Affairs at the Time of Death

Please answer the following questions regarding the state of the Member's affairs at the time of death:

1. Did the Member pass away leaving a Last Will and Testament? Yes ☐ No ☐
2. If you answered yes to question 1, will a Grant of Probate be sought? Yes ☐ No ☐
3. If you answered no to question 1, will Letters of Administration be sought? Yes ☐ No ☐
4. Is the estate solvent? Yes ☐ No ☐
(If the assets excluding super exceeds liabilities in the estate).

5. Dependants at the Time of Death

Dependant name	Age	Name of Custodian or Guardian	Address	Relationship to member	Financial dependent
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For example

Mary Sample	72		1 Same Street Island Town 1234	Widow	Yes
John Cittzen	38		2 Bea Road Anytown 2567	Step child	No

6. Document Checklist

To determine what documents are necessary, please complete the following checklist. Please ensure you attach certified copies of all required documents.

Document	When required	Attached?
1. Member's Death Certificate:	Required in all cases as a proof of Member's death.	<input type="checkbox"/>
2. Member's Birth Certificate or Passport:	Required in all cases as a proof of Member's age.	<input type="checkbox"/>
3. Evidence of Name Change:	Required where the member had a name change.	<input type="checkbox"/>
4. Last Will and Testament:	Required if the Member left a Last Will & Testament	<input type="checkbox"/>
5. Grant of Probate or Letters of Administration:	Required where either of these items has already been obtained.	<input type="checkbox"/>
6. Complete list of Assets and Liabilities:	Required where there is a Legal Personal Representative of the estate.	<input type="checkbox"/>

7. Details of the Person completing this form

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>
Surname	<input type="text"/>			Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Relationship to deceased	<input type="text"/>			Phone number	<input type="text"/>		

8. Payment Details

A. Lump Sum

☐ Payment of benefit by cheque

cheque payable to

(Note that we cannot make a third party payment, account of beneficiary or recipient of benefit only)

and to be posted to address State Postcode

OR

☐ Payment of benefit by direct deposit

Financial Institution Branch

Account name

BSB number Account number

Swift code
(international funds transfer)

B. Income Stream

If eligible and you wish to receive the benefit as an income stream by commencing a new pension account, please provide the following rollover details:

(Note that a new pension application may be need to be completed)

Name of receiving rollover institution

Australian Business Number (ABN) Account/Reference Number

Address of receiving rollover institution

Suburb/Town State Postcode

Contact number of receiving rollover institution

C. Death Benefit Rollover

Name of receiving rollover institution

Australian Business Number (ABN) Account/Reference Number

Address of receiving rollover institution

Suburb/Town State Postcode

Contact number of receiving rollover institution

*Specific instructions if Payment required is a combination of (lump sum and income stream) Note: to state the percentage or amount of split.

D. Tax File Number Declaration

Your Tax File Number - -

Information you should know about providing your Tax File Number (TFN)

Your TFN is confidential and you should know the following before you decide to provide it to us:

- The Trustee is authorised to collect your TFN under tax laws, the Superannuation Industry Supervision Act 1993 and the Privacy Act 1988.
- If you do provide your TFN to us, we will only use it for legal purposes. This include finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation payment you may be entitled to and providing information to the Commissioner of Taxation such as reporting details of contributions for the purposes of the co-contribution, lost member reporting and monitoring of contribution caps and administration of the government co-contribution and low income superannuation contribution.
- If you do provide your TFN to us, we may provide it to the trustee of another superannuation fund or a RSA provider where the trustee or RSA provider is to receive your transferred benefits in the future.
- We will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on.
- Your TFN will be treated as confidential.

9. Declaration

I, (Name)

of (Address)

hereby declare that I am over 18 years of age and that I may be legally entitled to claim the proceeds of the said policy/ies, being the

of the Deceased, and hereby undertake to indemnify the Trustee against any loss it may incur in paying the proceeds to me, should I be called upon to do so, and that the particulars which are given above are true and correct in every particular.

* Here state in what capacity you claim, whether as a Father, Mother, Widow, Widower, or other relation, or as a Proponent, Assignee, Trustee, Beneficiary, Executor, or Administrator of the Estate, etc.

I acknowledge that I have read, understood and agree to the 'Privacy Information and Consents' contained in this form. I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in Brighter Super's Privacy Policy which is available at brightersuper.com.au/about-us/governance/reports-and-policies/privacy. I understand that Brighter Super will not be able to process my claim without this information.

Signature of Claimant

X

Date (dd/mm/yyyy)

/ /

Signature of Witness[†]

X

Date (dd/mm/yyyy)

/ /

Name of Witness
(Please print name)

Occupation[†]

[†]Signature to be witnessed by anyone who is prescribed as being able to witness a Statutory Declaration under the Commonwealth Statutory Declarations Regulations 2018. For example, Australia Post employee, Bank Officer (both must have 5 years continuous service), Justice of the Peace or legal practitioner, except when signed in the presence of an Officer of the Trustee.

10. Privacy Statement

In this section “we”, “us” and “our” refers to Brighter Super Trustee.

We collect your personal information (including health and other sensitive information) from you to manage and administer our products and services. We may need to disclose it to certain third parties. Without your personal information, we may not be able to process your application/ contributions or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information.

In order to issue and undertake the management and administration of our product issue and services, it may be necessary for us to disclose your personal information to certain third parties including relevant group life insurers such as Zurich.

Unless you consent to such disclosure we will not be able to consider the information you have provided and may not be able to provide you with the product or service you have requested.

Providing your information to others

The parties to whom we may routinely disclose your personal information (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud,
- our related companies which will use the information for same purposes as us and will act under our privacy policy,
- organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions and undertake analytics activities,
- organisations performing administration and compliance functions in relation to the products and services we provide,
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers),
- our solicitors or legal representatives,
- organisations maintaining our information technology systems,
- organisations providing mailing and printing services, persons who act on your behalf (such as your agent or financial adviser),
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

The Family Law Act 1975 (Cth) enables certain persons to request information about your interest in a superannuation fund. There are disclosure obligations to third parties under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at brightersuper.com.au/about-us/governance/reports-and-policies/privacy

Overseas recipients

We may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia. You can find details about the location of these recipients in our Privacy Policy at brightersuper.com.au/about-us/governance/reports-and-policies/privacy

11. Privacy policy

Our Privacy policy contains information about:

- when we may collect information from a third party,
- how you may access and seek correction of the personal information we hold about you,
- and how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

Brighter Super Trustee

Locked Bag 994

North Sydney NSW 2060

Email: privacy@brightersuper.com.au

We may charge you a reasonable fee for this. If any of your personal information is incorrect or has changed please let us know by contacting Customer Services.

More information can be found in our Privacy Policy which can be obtained from our website at brightersuper.com.au/about-us/governance/reports-and-policies/privacy.