

# **Declaration of SSS Member's Dependants**

## Please print clearly in black ink.

# Notes to member's dependants

This form is part of your application for payment of a spouse/partner, student or child pension.

# Terms used in this form

### Spouse or de facto partner

You were the member's spouse/partner at the time of their death or retirement. See SSS Fact Sheet 10 Death of a scheme member before retirement.

# Spouse or de facto partner since retirement

You became the member's spouse/partner after their retirement. Note that a spouse/partner pension is payable only in very limited circumstances: refer to SSS Fact Sheet 11 Death of a scheme member after retirement, to make sure you are eligible.

### Student or child pensions

In certain circumstances, a pension may also be payable to eligible children of the deceased. See SSS Fact Sheet 12 Child Pensions.

1. Details of the member			
Member number  Birth date (DD-MM-YYYY)	Mr/Mrs/Ms/Miss/Dr	Male	Female
Given name(s)  Family name			
2. Member's dependants  The member's dependants include:  spouse or de facto partner (please g spouse or de facto partner since reti full-time student/s under 25 (please children under 18 (please go to sect	rement (please go to section 5 ▶)	on 4 ▶)	

## If you need help with this form

	de fac	to par	tner												
Given name/s															
GIVETTIAITIO/ 3		П													
Family name															
Residential addre	ess														
Suburb								Ctot	o /To	wwit o	10.1	Doo	+000	lo.	
Suburb								Stat	e/Te	mio	ГУ	POS	tcoc	le	
Postal address (i	if differen	nt from r	esider	ntial a	addr	ess)									
Suburb								Stat	e/Te	rrito	ry	Pos	tcoc	le	
Work or Home	Douting	a conto	at talar	ahan	0 101	mba									
vvork or morne	Daytime	e contac	or reiek	SHOH	e nu	ITIDE	er								
Mobile number															
Email address															
	₩	-													
Name before ma	arriago o	r do foo	to rola	tions	hin	(if or	ndio	abla)							
Date of marriage  -  Do you receive a  No	- any other	r pensic				7 1616	atiOi	isi iip	טט	-IVIIV	1-11	11)			
Yes please g	jive deta	IIS													
Have you previous from SSS?  No  Yes please of			been	entit	led t	o red	ceiv	еар	ensi	on c	or lur	np s	um		
,															
Are you the pare	ent or gu	ardian (	of any	full-ti	ime	stud	ents	s und	er 2	5 or	chile	dren	und	er 18	3?
Are you the pare	_		of any	full-ti	ime	stud	ents	s und	er 2	5 or	chile	dren	und	er 18	3?
Are you the pare  No go to see  Yes please g	ection 7)	•						und	er 2	5 or	chile	dren	und	er 18	3?

4. Spouse or	de fac	to par	tner si	nce r	etire	eme	nt					
Given name/s												
Family name												
rarring riarrio												
Residential addr	ess											
		П					Т					Т
Suburb							State/	Territor	y	Pos	tcode	)
Postal address	(if differer	nt from re	esidentia	al addr	ess)							
							0			Ļ		
Suburb							State/	Ierritor	У	Pos	tcode	9
Work or Home	Daytim	e contac	t telenh	one ni	ımhe	r						
WORK OF FIOTHO	Daytiirii	Contac	it tolopii	OHO HI		,ı						
Mobile number												
Email address												
	Щ	Щ	Щ				4				Щ	
Name before ma	arriage o	r de fact	o relatio	nship	(if ap	plica	ble)					
Data of marriage	or oom	manaam	ont of a	la fact	o role	tions	abia (D		\^/	<b>^</b> /^/		
Date of marriage	e or com	mencen	ient or c	ie racti	o reia	atioi is	sriip (D	D-IVIIVI	- Y Y	11)		
-	-						16 /				C. I	
Were you living domestic basis												
No	110111 1110	dato do	000 001	itii idoc	iory a		io dati	5 01 1110	5/110	71 GO	<i>x</i> ((1),	
Yes				2000								
Do you receive	any othe	r pensio	n from S	SSS?								
No												
Yes please	give deta	ils										
Have you previo	usly rece	ived or b	een ent	itled to	rece	ive a	pensio	on or lu	ımp	sum	from	SSS?
No												
Yes please	give deta	nils										

	4. Spouse or de facto partner since retirement (continued)											
	Are you the parent or guardian of any full-time students under 25 or children under 18?											
	No go to section 7 ▶											
	Yes please give details of students in section 5 ▶  please give details of children in section 6 ▶											
	5. Full-time students under 25											
	V											
	Student 1											
	Given name/s											
	Family name											
	Birth date (DD-MM-YYYY)											
	Student 2											
	Given name/s											
	Family name											
	Birth date (DD-MM-YYYY)											
	Student 3											
Note: If you need more	Given name/s											
room, please copy this												
page or attach another	Family name											
piece of paper to this form.												
	Birth date (DD-MM-YYYY)											
	6. Children under 18											
	e. Crimatori dilaci 16											
	Child 1											
	Given name/s											
	Family name											
	Birth date (DD-MM-YYYY)											

Child 2															
Given name	/s														
Family name	)														
Birth date (D	D-MM-	YYYY)													
-	-														
Child 3															
Given name	/s														
Family name	9														
Birth date (D	D-MM-	YYYY)													
-	-														
7. Statuto	ry dec	laratio	n												
before they  Statutory d	complet	identify y te the cell tion	yourse rtificat	elf (ui tion s	nless sectio	-	ave k	-							
Statutory do Oaths Act 1.	complet leclarat	identify yet the centification (SW) Eight	yourse rtificat th sch	elf (ui tion s nedul	nless sectio	they h	ave k	-							
Statutory do Oaths Act 1.	complet leclarat	identify yet the centification (SW) Eight	yourse rtificat th sch	elf (ui tion s nedul	nless sectio	they h	ave k	-							
They will ask before they statutory do Oaths Act 1. I, the unders Name in the State information	completed lectoral signed (possigned possigned	identify yet the certification  SW) Eight blease properties of the control of the certification of the certificati	yourse rtificat th sch rint yo /ales,	elf (un tion s nedul nur fu do so	nless section e Ill nan olemn	they hon belowne)	ave k	erely	n you	are t	at le	east	12 m	nonth	
Statutory d Oaths Act 1. I, the unders Name in the State information I also declar	completed completed lectarate 1900 (NS signed (provided completed lectarate 1) of New provided ethat I I n SSS F	identify yet the certification (SW) Eight Dlease processed by the idease proce	rtificat th sch rint yo  /ales, in con d and	elf (un tion s nedul ur fu do so nnect und	nless section e Il namuno olemno ion werstoe	they had below the half and with this od the	sinc app	erely lication	declon is	are t	that a and	all of	f the rect.	nonth	าร)
Statutory d Oaths Act 1 I, the unders Name in the State information I also declar as outlined i 12 Child per I make this s	completed leclarate 1900 (IVS) signed (IVS) of New provided that I I In SSS Fasions.	identify yet the cell icion  SW) Eight blease pr  South W d by me inave react fact Sheet	yourse rtificat th sch rint you ales, in con d and ets 10	elf (unition sedul und sedul und und und und nection sedul und nection und nec	nless section e e II nan olemnion werstoo	they had below the had below t	sinc sapp legis	erely lication lation	decion is	are t true	at le	all of con his a	12 m	cation	ns)
Statutory d Oaths Act 1. I, the unders Name in the State information I also declar as outlined i 12 Child per I make this s of the provis	completed leclarate 1900 (IVS) signed (IVS) of New provided that I I In SSS Fasions.	identify yet the cell icion  SW) Eight blease pr  South W d by me inave react fact Sheet	yourse rtificat th sch rint you ales, in con d and ets 10	elf (unition sedul und sedul und und und und nection sedul und nection und nec	nless section e e II nan olemnion werstoo	they had below the had below t	sinc sapp legis	erely lication lation	decion is	are t true	at le	all of con his a	12 m	cation	ns)
Statutory d Oaths Act 1. I, the unders Name in the State information I also declar as outlined i 12 Child per I make this s of the provis	completed leclarate 1900 (IVS) signed (IVS) of New provided that I I In SSS Fasions.	identify yet the cell icion  SW) Eight blease pr  South W d by me inave react fact Sheet	yourse rtificat th sch rint you ales, in con d and ets 10	elf (unition sedul und sedul und und und und nection sedul und nection und nec	nless section e e II nan olemnion werstoo	they had below the had below t	sinc sapp legis	erely lication lation memory the	decion is released same	are to	at le	all of con his a	12 m	cation	ns)
Statutory d Oaths Act 1 I, the unders Name in the State information I also declar as outlined i	completed leclarate 1900 (IVS) signed (IVS) of New provided that I I In SSS Fasions.	identify yet the cell icion  SW) Eight blease pr  South W d by me inave react fact Sheet	yourse rtificat th sch rint you ales, in con d and ets 10	elf (unition sedul und sedul und und und und nection sedul und nection und nec	nless section e e II nan olemnion werstoo	they had below the had below t	sinc sapp legis eme r	erely lication lation memory the	decion is released same	are to	at le	all of con his a	12 m	cation	ns)
Statutory d Oaths Act 1. I, the unders Name in the State information I also declar as outlined i 12 Child per I make this s of the provis	completed leclarate 1900 (IVS) signed (IVS) of New provided that I I In SSS Fasions.	identify yet the cell icion  SW) Eight blease pr  South W d by me inave react fact Sheet	yourse rtificat th sch rint you ales, in con d and ets 10	elf (unition sedul und sedul und und und und nection sedul und nection und nec	nless section e e II nan olemnion werstoo	they had below the had below t	sinc sapp legis eme r	erely lication lation memory the	decion is released same	are to	at le	all of con his a	12 m	cation	ns)
Statutory d Oaths Act 1. I, the unders Name in the State information I also declar as outlined i 12 Child per I make this s of the provis	completed leclarate 1900 (IVS) signed (IVS) of New provided that I I In SSS Fasions.	identify yet the cell icion  SW) Eight blease pr  South W d by me inave react fact Sheet	yourse rtificat th sch rint you ales, in con d and ets 10	elf (unition sedul und sedul und und und und nection sedul und nection und nec	nless section e e II nan olemnion werstoo	they had below the had below t	sinc sapp legis eme r	erely lication lation memory the	decion is released same	are to	at le	all of con his a	12 m	cation	ns)
Statutory d Oaths Act 1. I, the unders Name in the State information I also declar as outlined i 12 Child per I make this s of the provis	completed leclarate 1900 (IVS) signed (IVS) of New provided that I I In SSS Fasions.	identify yet the cell icion  SW) Eight blease pr  South W d by me inave react fact Sheet	yourse rtificat th sch rint you ales, in con d and ets 10	elf (unition sedul und sedul und und und und nection sedul und nection und nec	nless section e e II nan olemnion werstoo	they had below the had below t	sinc sapp legis eme r	erely lication lation memory the	decion is released same	are to	at le	all of con his a	12 m	cation	ns)
Statutory d Oaths Act 1. I, the unders Name in the State information I also declar as outlined i 12 Child per I make this s of the provis	completed leclarate 1900 (IVS) signed (IVS) of New provided that I I In SSS Fasions.	identify yet the cell icion  SW) Eight blease pr  South W d by me inave react fact Sheet	yourse rtificat th sch rint you ales, in con d and ets 10	elf (unition sedul und sedul und und und und nection sedul und nection und nec	nless section e e II nan olemnion werstoo	they had below the had below t	sinc sapp legis eme r	erely lication lation memory the	decion is released same	are to	at le	all of con his a	12 m	cation	ns)

Note: If you need more room, please copy this page or attach another piece of paper to this form.

	7. Statutory declaration (continued)											
	Taken and declared at											
	Address											
	Suburb State/Territory Postcode											
	in New South Wales on this date (DD-MM-YYYY)											
	in the presence of an authorised witness, who states:											
	Name of authorised witness											
	Qualification of authorised witness											
	a ,											
	certify the following matters concerning the making of this statutory declaration by the person who made it:											
* Please cross out any text that does not apply.	<ol> <li>*I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and</li> </ol>											
	2. *I have known the person for at least 12 months <b>OR</b> *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was											
	Describe identification document relied on											
	Cignatura of puthariand witness											
	Signature of authorised witness											
	Date (DD-MM-YYYY)											
	8. What to do next											
	Once you have completed this form the following documents (if applicable) should be attached:											
	Proof of identity documents for each person listed on this form (if they have not already been supplied – see Section 9 or Section 10)											
	Return the completed form to											
	State Super (SSS)											
	GPO Box 2181											
	MELBOURNE VIC 3001											

# Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator. Mercer Administration Services (Australia) Pty Ltd, in accordance with STC's Privacy Statement, the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002 (NSW), under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies and third parties.

For further information about privacy, contact Mercer by writing to:

GPO Box 2181 Melbourne VIC 3001

or visit

#### www.statesuper.nsw.gov.au.

ABN 29 239 066 746 SPIN SAS0101AU

# 9. Proof of Identity

You will need to provide certified<sup>†</sup> documentation or electronic verification information with your application form to prove your entitlement to the superannuation benefits.

The following certified documents may be provided:

#### **Either**

One of the following certified documents:

- Current Australian State or Territory drivers licence containing a photograph of the person, or
- Australian Passport, or
- Current card issued under a State or Territory law for the purpose of providing a person's age containing a photograph of the person, or
- Current foreign passport or similar travel document containing a photograph and the signature of the person\*

#### OR

One certified document from each of the following groups:

#### Group 1

- An Australian birth certificate or birth extract issued by a State or Territory
- Citizenship certificate issued by the Commonwealth
- Current pension card issued by Centrelink that entitles the person to financial benefits

## Group 2

- Notice issued by the Commonwealth or a State or Territory government within the preceding 12 months that records the provision of financial benefits to you, i.e., a letter from Centrelink.
- Notice issued by the Australian Taxation Office within the past twelve months that contains your name and residential address and records an amount payable to or by you, i.e., your last tax assessment.
- Notice issued by a local government body or utilities provider within the past three months showing the provision of services to you and your current residential address, i.e., water, gas or electricity bill, rates notice.

\* Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

# Change of name

Make sure that proof of change of name is also provided if your current name is not the same as the name on these documents, e.g. Change of name certificate, or deed poll document. If your name has changed on marriage, a marriage certificate issued by the Registry of Births, Deaths and Marriages is required; ceremonial marriage certificates are not acceptable.

<sup>†</sup> Certified means that all copied pages of original proof of identity documents or change of name documents have been certified as true copies by an individual approved to do so. Persons who are authorised to certify documents must sight the original and the copies and make sure both documents are identical, then make sure that all copies are certified as true copies by writing or stamping 'certified true copy' followed by the individual's signature, printed name, qualification and date.

#### If you are in Australia

The following persons are eligible to certify copies of original documents:

- Australia Post Permanent Employee or Agent (who is currently employed with the post office and has at least two continuous years of service or is in charge of supplying postal services to the public)
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank Officer, Building Society Officer or Credit Union Officer (with two or more years of continuous service)
- Chiropractor
- Commissioner for Affidavits or **Declarations**
- Court Officer: Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court

# If you need help with this form

# 9. Proof of Identity continued

- Dentist
- Fellow of the National Tax Accountants' Association
- Finance Company Officer (with two or more years of continuous service with one or more finance companies)
- Justice of the Peace
- Legal practitioner
- Marriage celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- Medical practitioner
- Member of Chartered Secretaries Australia
- Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)
- Member of Engineers Australia (other than at the grade of student)
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force (who is an officer; or a noncommissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of Religion (registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- Notary Public
- Nurse
- Optometrist
- Officer with, or a credit representative of, a holder of an Australian credit licence, having two or more years of continuous service with one or more licensees
- Officer with, or authorised representative of, a holder of an Australian financial services licence,

- having two or more years of continuous service with one or more licensees
- Patent attorney
- Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Pharmacist
- Physiotherapist
- Police Officer, Sheriff's Officer or Sheriff
- Psychologist
- Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)
- Teacher employed on a full-time basis at a school or tertiary education institution
- Trade marks attorney
- Veterinary surgeon

### If you are outside Australia

The following people are eligible to certify copies of original documents outside of Australia:

- consular staff at an Australian Embassy, High Commission or Consulate
- a public notary or or other person authorised to administer an oath or affirmation or to authenticate documents in the country you are visiting or living in.

The professions listed under If you are in Australia can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certified outside Australia, the certifier must quote their registration number or the relevant law that qualifies them to authenticate your documents.

### If you need help with this form

### 10. Electronic verification

Please complete this section if you would prefer to allow us to verify your identity information electronically, instead of providing certified proof of identity documents.

We use a platform called 'greenID' to complete this verification. GreenID assists entities in meeting their Anti-Money Laundering and Counter-Terrorism Funding obligations by providing a secure and complete identity verification system.

You must provide complete details for any TWO of the following (note, only Australian documents can be verified electronically)

1. Medicare Card												
Full name exactly as shown on my Medicare Ca	ard											
Medicare number	Reference number											
Valid to (MM-YYYY)	Medicare card colour											
	Green Blue Yellow											
2. Drivers Licence												
Full name exactly as shown on my Drivers Lice	200											
Tull harne exactly as shown of this blivers lices												
Liganos numbar	Driver licence card number											
Licence number	Driver licerice card number											
Ctate of issue Fysier (DD MM VAAA												
State of issue Expiry (DD-MM-YYYY)												
3. Australian Passport												
Passport Number												
Place of birth (as shown on passport)												
Country of birth (not shown on passport)												
Expiry date (DD-MM-YYYY)												

Notes: If your name differs between documents and/or your account details, you will need to provide a certified linking document (eg: Marriage Certificate from the Registry of Births, Deaths & Marriages).

If you complete the details for electronic identity identification, we will take this as consent to validate your details electronically.

If you provide authorisation to have your identity verified electronically but the documents are not compatible, you will need to provide certified copies of the required documents and post these to us. We will contact you if this is the case.

# If you need help with this form