



# Potential Beneficiary Statutory Declaration

MLC Nominees Pty Limited  
ABN 93 002 814 959  
AFSL 230702 RSE L0002998

The Universal Super Scheme  
ABN 44 928 361 101  
SFN 281 440 944 R1056778

MLC Limited  
ABN 90 000 000 402  
AFSL 230694

## A DECEASED MEMBER'S DETAILS

Policy number / Member number

Mr  Mrs  Miss  Ms  Dr  Other

Surname (Family name) (PLEASE PRINT)

Given Name(s) (PLEASE PRINT)

Address

  
  
 Postcode 

Date of Birth

 /  / 

Date of Death

 /  / 

1 What was the deceased's marital status at the date of death?

- Married  Married but separated  
 Divorced  Never married  
 Widowed  De-facto

2 If the deceased was living in a relationship at the date of death, what was the duration of the relationship?

Years  Months

Name of spouse/de-facto

Address

  
  
 Postcode 

3 Were there any matters pending in the Family Court between the deceased and their spouse?

- No   
Yes

4 Did the deceased leave a will?

- No   
Yes  Please provide a certified copy of the Will.

5 Please provide deceased's or Estate's tax file number

Deceased  OR Estate

## B NOTIFICATION OF POTENTIAL BENEFICIARIES

Please provide details of:

- spouse (including current spouse, separated spouse, de facto spouse, ex spouse and/or same sex partner)
- child (regardless of age) including a step, adopted or ex nuptial child
- a person in an interdependency relationship
- any other person either wholly or partially dependent financially on the deceased at the time of death.

Name	Telephone/Mobile
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/> <input type="text"/>	
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship	Date of birth
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Name	Telephone/Mobile
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/> <input type="text"/>	
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship	Date of birth
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Name	Telephone/Mobile
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/> <input type="text"/>	
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship	Date of birth
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please attach document if additional space required

**C SUBMISSION – MY DETAILS**

Mr  Mrs  Miss  Ms  Dr  Other

Surname (Family name) (PLEASE PRINT)

Given Name(s) (PLEASE PRINT)

Address  
  
  
  
Postcode

Relationship to Deceased  
 (spouse / child / financial dependant / interdependant / legal personal representative)

Date of Birth  /  /  Telephone/Mobile number

Occupation

Email address

**1 Claims Details**

- I do not wish to be considered as a Potential Beneficiary  
*Go to Question 7*
- I wish to claim  % of the benefit – **Please complete the remaining sections**
- I wish to claim  % on behalf of the Estate as Legal Personal Representative – **Please complete Question 7 and Sections D and E**

**2 I was a student at the time of death**

No

Yes  Part time  Full time

**3 I was employed at the time of death**

No

Yes  Part time  Weekly wage \$

Full time  Weekly wage \$

**4 I was receiving a Government Benefit at the time of death**

No

Yes  Benefit type   
 Weekly wage \$

**5 I was living with the deceased at the time of death**

No  Please provide details, eg. spouse but separated, full-time student living away from home and list people living with the deceased at the date of death

Yes  Please list people living with deceased at the time of death

**6 State the nature and duration of your relationship to the deceased and information regarding any dependency on the deceased. Supporting documents should be attached to evidence the dependency relationship eg. joint bank accounts, shared living expenses, joint liabilities.**

I wish to be considered for the following reasons:

Please attach document if additional space required.

**7** I would not object to the proceeds being paid to:

Legal Personal Representative of the Deceased

Other (Please provide details below)

Name and address of beneficiary

Postcode			

Relationship

Portion of total benefit

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	%
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## D DECLARATION

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959 (Cwlth), and I believe that the statements in this declaration are true in every particular.

Name of person making the declaration

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Signature

X		Date	/	/
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Declared at (Place Declared)

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on (Date Declared)

	/	/
--	---	---

Before me,  
Person before whom the declaration is made

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Signature of person before whom the declaration is made

X		Date	/	/
---	--	------	---	---

Full name and qualification of person before whom the declaration is made (PLEASE PRINT)


Address of person before whom the declaration is made

Postcode			

**Refer to page 4 for a list of persons before whom a statutory declaration may be made.**

## E LEGAL PERSONAL REPRESENTATIVE COMPLETION ONLY

### Executors/Administrators completion only (if applicable)

Has a grant of Probate or a grant of Letters of Administration been received or applied for?

No  Please provide reasons below as to why an application has or will not be made:


Yes  **Please attach certified copy.**

I was granted Probate / Letters of Administration on the Estate of the late

Name of deceased (PLEASE PRINT)

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Date of Probate / Letters of Administration

	/		/	
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I declare that the Estate is solvent and has sufficient assets, apart from the superannuation death benefit, to cover all liabilities of the Estate.

No  Yes

I will ensure that all proceeds from the superannuation lump sum death benefit which is paid in favour of the Estate, from The Universal Super Scheme (TUSS), will be paid in its entirety, to all or any of the persons below, being a spouse, former spouse or child of the deceased at the time of death.

No  Yes

Please list full name of beneficiary receiving superannuation death benefit (PLEASE PRINT)


Signature of Legal Personal Representative

X		Date	/	/
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Declared at (Place Declared)

--

on (Date Declared)

	/		/	
--	---	--	---	--

Before me,  
Person before whom the declaration is made

--

Signature of person before whom the declaration is made

X		Date	/	/
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*Part E continued...*

## E LEGAL PERSONAL REPRESENTATIVE COMPLETION ONLY CONTINUED

Full name and qualification of person before whom the declaration is made (*PLEASE PRINT*)

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Address of person before whom the declaration is made

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**Note 1:** A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years—see section 11 of the Statutory Declarations Act 1959 (Cwlth).

**Note 2:** Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959—see section 5A of the Statutory Declarations Act 1959 (Cwlth).

A Statutory Declaration under the Statutory Declarations Act 1959 (Cwlth) may be made before:

- (1) A person who is currently licensed or registered under a law to practice in one of the following occupations: Chiropractor, Dentist, Legal Practitioner, Medical Practitioner, Nurse, Optometrist, Patent Attorney, Pharmacist, Physiotherapist, Psychologist, Trade Marks Attorney, Veterinary Surgeon.
- (2) A person who is enrolled on the roll of the Supreme Court of the State or Territory, Or the High Court of Australia, as a legal Practitioner (However described); or A Person on the following list:
  - Agent of the Australian Postal Corporation who is in charge of an office 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 with 5 or more continuous years of service
  - Building society officer with 5 or more years of continuous service
  - Chief executive officer of a Commonwealth court
  - Clerk of a court
  - Commissioner for Affidavits
  - Commissioner for Declarations
  - Credit union officer with 5 or more years of continuous service
  - Employee of the Australian Trade Commission who is:
    - (a) in a country or place outside Australia; and
    - (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
    - (c) exercising his or her function in that place
  - Employee of the Commonwealth who is:
    - (a) in a country or place outside Australia; and
    - (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
    - (c) exercising his or her function in that place
  - Fellow of the National Tax Accountants' Association
  - Finance company officer with 5 or more years of continuous service
  - Holder of a statutory office not specified in another item in this Part
  - Judge of a court
  - Justice of the Peace
  - Magistrate
  - Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
  - Master of a court
  - Member of Chartered Secretaries Australia
  - Member of Engineers Australia, other than at the grade of student
  - Member of the Association of Taxation and Management Accountants
  - Member of the Australian Defence Force who is:
    - (a) an officer; or
    - (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or
    - (c) 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
- Member of:
  - (a) the Parliament of the Commonwealth; or
  - (b) the Parliament of a State; or
  - (c) a Territory legislature; or
  - (d) a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
  - (a) the Commonwealth or a Commonwealth authority; or
  - (b) a State or Territory or a State or Territory authority; or
  - (c) a local government authority; with 5 or more years of continuous service who is not specified in another item in this Part
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
  - (a) the Commonwealth or a Commonwealth authority; or
  - (b) a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy

### How to contact us MLC Client Service Centre

If you have any questions, please contact your financial adviser, or the MLC Client Service Centre on **132 652** between 8.00 am and 6.00 pm (AEST/AEDT) Monday to Friday.

### Return this form and any attachments to:

**Trustee Services**  
PO Box 1585  
North Sydney NSW 2059

**Website**  
For details on MLC's range of products  
and services visit: [mlc.com.au](http://mlc.com.au)

**Fax:** 02 9966 3502