

Deceased Member Claim Form



When completing this form, please use **black** pen and print in CAPITAL letters

Deceased Member Details *(Full Name Deceased Member)*

Mr/Mrs/Miss/Ms	Given Names		
<input type="text"/>	<input type="text"/>		
Surname			
<input type="text"/>			
Last known address			
Street Number / PO Box		Street Name	
<input type="text"/>		<input type="text"/>	
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
CIRT Membership Number (if known)			
<input type="text"/>			
Date of Birth (dd/mm/yyyy)	Date member died (dd/mm/yyyy)	Deceased Member's Tax File Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Claimant's/Beneficiary Details *(Full Name)*

If there is more than one claimant/beneficiary, please attach a separate page with the information of each claimant/beneficiary.

Mr/Mrs/Miss/Ms	Given Names		
<input type="text"/>	<input type="text"/>		
Surname			
<input type="text"/>			
Street Number / PO Box		Street Name	
<input type="text"/>		<input type="text"/>	
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone number	Relationship to Deceased		
<input type="text"/>	<input type="text"/>		
Email address			
<input type="text"/>			
Beneficiary/Claimant's Signature			
<input type="text"/>			

Contacting Details of Person acting on behalf of Claimant/Beneficiary *(Full Name - Solicitor/Authorised Person)*

Mr/Mrs/Miss/Ms	Given Names		
<input type="text"/>	<input type="text"/>		
Surname			
<input type="text"/>			
Telephone number		Company name (if applicable)	
<input type="text"/>		<input type="text"/>	
Email address			
<input type="text"/>			

Payment Details *Payment will be made directly into the nominated bank account. Please provide details below.*

Account Name:	<input type="text"/>		
Bank:	<input type="text"/>	Branch:	<input type="text"/>
BSB Number:	<input type="text"/>	Account Number:	<input type="text"/>

Statutory Declaration *Note: The following section must be completed by the Claimant/Beneficiary and the signature witnessed by a justice of the Peace/Solicitor/Approved person in your State or Territory.*

I, <input type="text"/>	of <input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>
do solemnly and sincerely declare that the information I have provided on this Claim Form is to the best of my knowledge true and correct and I make this solemn declaration consciously believing the same to be true, and by virtue of the provision of the legislation in the State/Territory of <input type="text"/>			
Subscribed and declared, <input type="text"/>			
this <input type="text"/> day of <input type="text"/>			
Two thousand and <input type="text"/>			
before me <input type="text"/>			
Signature of Justice of Peace	*Claimant(s) Signature(s)		
<input type="text"/>	<input type="text"/>		
<small>Persons making a false statement in a statutory Declaration are liable to the penalties as set out in: NSW: Oaths Act 1990. NT: Northern Territory Oaths Act. VIC: Evidence Act of 1958. TAS: Section 132 of the Evidence Act 1910. QLD: Oaths Act 1867-1981. WA: Evidence Act of 1906. SA: Oaths ACT 1936-1969.</small>			

Dependency Statement

I, <input type="text"/>	of <input type="text"/>	Street Name	<input type="text"/>	
Suburb	<input type="text"/>	State	<input type="text"/>	
<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	
Relationship <input type="text"/>				
do solemnly and sincerely declare that I was the <input type="text"/>				
of the deceased member and at the time of his/her death I was: <i>(please tick the appropriate box)</i>				
<input type="checkbox"/>	Wholly financially dependent, upon the deceased		<input type="checkbox"/>	Partially financially dependent, upon the deceased
<input type="checkbox"/>	Non financially dependent, upon the deceased <i>(please provide the following)</i>			<input type="text"/>
Your Tax File Number	<input type="text"/>	Your Date of Birth (dd/mm/yyyy)	<input type="text"/>	
The information that I have provided on this form is to the best of my knowledge true and correct and I make this solemn declaration consciously believing the same to be true, and by virtue of the provisions of the legislation in the State/Territory of <input type="text"/>				
Subscribed and declared, <input type="text"/>				
this <input type="text"/> day of <input type="text"/>				
Two thousand and <input type="text"/>				
before me <input type="text"/>				
Signature of Justice of Peace	Beneficiary/Claimant's Signature			
<input type="text"/>	<input type="text"/>			
Number of Justice of Peace	<input type="text"/>			

Privacy

CIRT collects personal information for the 'primary purpose' of running a Redundancy account. CIRT will not misuse or change any personal information given. The CIRT 'privacy policy' is available by calling 1300 200 123 and requesting a copy or visit our website.

Information in respect to a deceased membership claim

The beneficiary or claimant is required to supply copies of the following documents with the completed "Deceased Membership Claim Form" when lodging a claim with CIRT Administration.

- The certified copy of death certificate
- The birth certificate or government issued ID which shows the date of birth of the deceased member
- The certified copy of will or letters of administration, issued by the court
- The certified copy of marriage certificate or other proof of dependency
(Proof of co-habitation and evidence that supports the relationship e.g. relationship registration; proof of joint property house, mortgage, cars etc.; bills/rates notices in joint names; joint lease agreement; joint bank accounts; certified birth certificates for any children of the relationship) Note: If you do not have a marriage certificate or other proof of dependency, please complete the dependency statement above.
- Certified copy of claimant's identification (e.g. Passport or Drivers Licence both front and back)
- Top section of a bank statement showing the bank logo, account number and BSB of the claimant/beneficiary's name, in which the funds are to be paid. The bank statements should be current (within the last six months of issue).

