Third party authority – Death Claims

Use this form if you're a claimant for a death benefit and wish to give specific people, such as a relative or financial adviser or Legal Representative, access to the deceased member's claim details.

Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.

Step 1: Tell us about the deceased member

Cbus Super member number

Cbus Super Income Stream member number

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Date of birth

D D / M M / Y Y Y Y

Given name(s)

Family name

Residential address at the time of their death

Suburb/town

State

Postcode

Step 2: Provide your personal details

Given name(s)

Family name

How are you related to the deceased member? (choose one option only)

☐ Partner ☐ Parent ☐ Guardian ☐ Sibling ☐ Friend ☐ Other

Residential address

Suburb/town

State

Postcode

Home phone

( )

Mobile

Date of birth

D D / M M / Y Y Y Y

Email address (providing your email means you give permission for Cbus Super to use it)

Do you want to give another person or practice access to the account? (Choose one option only)

☐ **Personal** > **Go to Step 3a.** ☐ **Professional** > **Go to Step 3b.**

Step 3a: Provide details of the nominated representative (personal)

Full name of the nominated representative

Given name(s)

Family name

How is this person related to you? (choose one option only)

☐ Partner ☐ Parent ☐ Guardian ☐ Sibling ☐ Friend ☐ Other

Work phone

( )

Mobile

Date of birth

D D / M M / Y Y Y Y

Residential address

Suburb/town

State

Postcode

Email address (providing their email means that you give permission for Cbus Super to use it)

Step 3b: Provide details of the nominated representative (professional)

Company or practice name

Is this a participating practice in the Cbus Super and Financial Advice Association Australia (FAAA) Member Referral Program?

☐ Yes ☐ No ☐ Don't know

Nominated person

What services do they provide you with?

☐ Financial advice ☐ Legal advice ☐ Other

Do you wish to nominate all staff from this company? ☐ Yes ☐ No

Work phone ( ) Mobile AFSL/ABN (ask the company for this)

Address

Suburb/town State Postcode

Email address

Step 4: Sign this form and send it back to Cbus Super

Email: **claims@cbussuper.com.au**

Mail: Cbus Super, Locked Bag 5056, Parramatta NSW 2124

I understand that signing this form will give the person(s) or company nominated above access to information about the Cbus account(s) I have nominated in **Step 1** with the following conditions.

The Fund and its Trustee shall be released from all claims, liabilities and obligations. The nominated representative(s):

- must pass a security check
- cannot access the deceased member's tax file number or login details for Cbus Super online services
- is not authorised to change or transact on the account(s) in any way
- may be removed as an authorised third party if they no longer hold the qualifications to act in this capacity.
- this authority is restricted to representation of the claim only and not payment into third party accounts.

This authority remains effective for the duration of the death claim on all Cbus Super accounts held by the deceased member, starting from the date it is received by Cbus Super. However, you have the option to cancel it at any time over the phone or by writing to Cbus Super.

We will confirm your third party authority request in writing once it has been received.

Please read our *Privacy policy* and *Personal information collection statement* at **cbussuper.com.au/privacy** for details about how we collect and disclose personal information or call us for a copy.

Signature of nominated representative

Sign here: Date D D / M M / 2 0 Y Y

Signature of claimant

Sign here: Date D D / M M / 2 0 Y Y

Cbus Super
Locked Bag 5056
PARRAMATTA NSW 2124

1300 722 152
8.30am to 5.30pm (AEST/AEDT)
Monday to Friday

claims@cbussuper.com.au
cbussuper.com.au

Visit us in person in Adelaide, Brisbane, Melbourne, Perth and Sydney.
Details: **cbussuper.com.au/contact**