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| Who should use this form? Complete this form if you are claiming a death benefit in respect of a deceased member of the Northern Territory Government and Public Authorities Superannuation Scheme (NTGPASS), Northern Territory Supplementary Superannuation Scheme (NTSSS) or both.  If the deceased person was not a member of these schemes, refer to the *NTGDIS Death Benefit Claim Form*. NTGDIS is the Northern Territory Government Death and Invalidity Scheme. Supporting documentation In addition to this form, the Northern Territory Superannuation Office (NTSO) requires certified true copies of the following (as appropriate) so that we can calculate and process death benefits:   * Will (if one exists) * death certificate * Grant of probate, letters of administration or election to administer a small estate, granted by the Supreme Court of the Northern Territory * marriage certificate * children’s birth certificates * statutory declarations * certified identification of claimant  Death benefit estimate If you are managing the estate of a deceased member, you can obtain an estimate of the deceased’s NTGPASS and/or NTSSS benefits by emailing [ntsuperannuation@nt.gov.au](mailto:ntsuperannuation@nt.gov.au). You must attach the certified copy of the death certificate to your email. Prospective death benefit Active members of NTGPASS may be eligible for a prospective death benefit, equivalent to:  **17.5% x benefit salary x prospective service x part-time ratio**  Prospective service – For most members aged below 55 years, prospective service is the difference between the age at death and age 65. If a member’s maximum retirement age is 65 years, and they died between age 50 and 55, their prospective service is the difference between their age and 65, minus the difference between their age and 50.  For those members aged 55 and above, prospective service is the difference between their age at death and 60.  Members aged 60 and over are not eligible to a prospective death benefit.  Part-time ratio – 1 (if the member was full-time) or their part-time ratio (if they are a part-time employee).  The benefit will be offset by any amount paid under workers’ compensation legislation.  Example: Michael dies at 45 years old. He has a benefit salary of $80,000 and is a full time employee. Michael has eligible dependants and workers compensation is not payable. His benefit is calculated as:  17.5% x $80,000 x (65-45) x 1 =  17.5% x $80,000 x 20 x 1= $280,000 When will the benefit be paid? Benefits cannot be processed until all required documentation is received, including documentation requested on this form and information provided by the deceased’s payroll department where the member was an active member. NTSSS For NTSSS members who are not members of NTGPASS, for example a member of the Commonwealth Superannuation Scheme (CSS), the death benefit may be payable directly to a dependant or dependants, regardless of its value. In addition to this form, please complete Statutory Declaration (A). Taxation NTSO does not withhold tax from death benefits where they are paid directly to an estate. Tax may be withheld in circumstances where a payment is made directly to a beneficiary who is not a death benefit dependant for tax purposes. Whether a death benefit is subject to taxation in the hands of a beneficiary can depend on various circumstances, including whether the Australian Tax Office (ATO) deems the beneficiary to be a dependant. ATO’s definition of a ‘dependant’ differs from that of NTSO.  Seek taxation advice from a qualified professional if you require further information. How to fill out this formSection 1 – About the deceased Complete all fields of this section to enable us to identify the correct account. Section 2 – Your details Complete all fields of this section to enable us to identify you and record your contact details. You are also required to provide certified identification. Tick the appropriate box if you are the executor of the estate. Section 3 – Executor/Administrator details If you are not the executor or administrator, provide that person’s details. Section 4 – Dependant details Provide details about all of the deceased’s dependants at the date of death. We will use these details to calculate any death benefits payable.  **Spouse** – means a person to whom the member was legally married or their de facto partner. Please attach a certified copy of the marriage certificate, issued by the relevant public authority.  In the case of tribal marriages or de facto relationships (including same sex relationships), complete Statutory Declaration (A) to that effect. We also require statutory declarations completed by two persons outside the immediate family who can provide a statement that the relationship existed on a permanent and bona fide domestic basis, Statutory Declaration (C).  **Child** – means biological, adopted and ex-nuptial children, including an adult child. PAYG tax is payable where a child is aged 18 or more and is not financially dependent or in an interdependency relationship with the member. Please attach a certified copy of the birth certificates.  **Other dependant** – attach a statutory declaration (signed by the dependant) that at the date of death, they were wholly or partially financially dependent on the deceased or had an interdependency relationship with the deceased, together with evidence that demonstrates the financial dependency or interdependency relationship. Section 5 – Applying for advance NTGPASS payment NTGPASS and NTSSS death benefits are generally paid to a deceased member’s estate. However, the Commissioner of Superannuation (the Commissioner) has the discretion to make an advance NTGPASS payment of up to $30,000 without requiring Probate or Letters of Administration for one or more of the following purposes:   * The payment is made towards the expenses of the deceased’s funeral. In this instance, a copy of the funeral invoice is required. * The payment is made to a dependant or dependants of the deceased. The dependant will need to provide evidence of their relationship with the deceased, such as copies of birth certificates, marriage certificates or statutory declarations confirming the relationship. * If the deceased left no dependant, but the Commissioner is satisfied that the deceased intended to benefit some other person – the payment is to that other person. The person seeking the payment will need to provide evidence that the deceased left no dependants, and that they intended to benefit the claimant.   The Commissioner can also make an advance NTGPASS payment in excess of $30,000 if the payment is to the deceased’s dependant, and the Commissioner is of the opinion that the payment will alleviate that person’s financial hardship. For these claims, the dependant will need to provide a detailed explanation of their financial situation, accompanied by supporting documents such as unpaid bills and living expenses.  In considering advance payment applications, the Commissioner will have regard to:   * the total amount of the NTGPASS benefit * who is applying and their relationship to the deceased * who else is a dependant of the deceased, and their relationship to the deceased.   In circumstances where an advance NTGPASS payment is made, this amount is deducted from the death benefit that would otherwise be payable to the deceased’s estate. Section 6 – Bank account details for payment If the total benefit is less than $30,000, you may apply to have the benefits paid directly to you. To be eligible, you must be the sole beneficiary and no other person will be claiming an amount from the estate. A sole beneficiary claim must also provide the Statutory Declaration (B) – Sole Claimant attached to this form.  Where the total benefit amounts to more than $30,000, payment must be made to the deceased’s estate by cheque Section 7 – Document checklist Ensure you have attached all appropriate certified documentation. Failure to provide certified true copies of all the required documents will cause delays to the payment of benefits. How to submit this form Submit your completed application by mail or email to:  NT Superannuation Office  GPO Box 4675 Darwin NT 0801  [ntsuperannuation@nt.gov.au](mailto:ntsuperannuation@nt.gov.au) More information Being responsible for the administration of a deceased estate can be time-consuming and challenging. NTSO staff can assist in this process by providing information, however they cannot provide financial advice. If you require assistance, you can seek the services of a qualified professional such as financial advisor or a legal representative that specialises in estate planning.  The [MoneySmart website](https://www.moneysmart.gov.au/investing/financial-advice/choosing-a-financial-adviser) provides advice on how to choose a financial advisor.  We recommend you seek professional advice before making any decisions regarding the management or distribution of a deceased estate.  There are a number of online resources that may be helpful from our website ([www.super.nt.gov.au](http://www.super.nt.gov.au)), including: NTGPASS & NTGDIS Death Benefits fact sheet; Identity Certification form.   * Searching for lost super: [www.ato.gov.au/forms/searching-for-lost-super/](http://www.ato.gov.au/forms/searching-for-lost-super/) * About the Public Trustee: [www.nt.gov.au/justice/pubtrust](http://www.nt.gov.au/justice/pubtrust) * NT Supreme Court wills and probate: <https://supremecourt.nt.gov.au/about/registry/wills-and-probate>  Disclaimer The material in this form is provided for information purposes only and should not be relied upon for making financial commitments.  The Commissioner of Superannuation and the Northern Territory of Australia accepts no responsibility for any losses arising from any use or reliance upon the information or conclusions reached using the information. | | | | | | | | | | | |
| Application form | | | | | | | | | | | |
| Section 1 – Personal details of the deceased | | | | | | | | | | | |
| Full name | | |  | | | | | | | | |
| Residential address | | |  | | | | | | | | |
| Postal address | | |  | | | | | | | | |
| Member number (AGS) | | |  | | | | | | | | |
| Date of birth | | |  | | Date of death | | | | |  | |
| Section 2 – Your personal details | | | | | | | | | | | |
| Full name | | |  | | | | | | | | |
| Residential address | | |  | | | | | | | | |
| Postal address | | |  | | | | | | | | |
| Email | | |  | | | | | | | | |
| Date of birth | | |  | | **Tax file number†** | | | | |  | |
| Phone | | |  | | **Mobile** | | | | |  | |
|  | **I am the executor/administrator of the estate.** If this is not you, please provide those details at Section 3 (below).  **†**Australian legislation authorises superannuation funds to collect your Tax File Number (TFN), which will only be used for lawful purposes. If you do not provide your TFN, your benefit will be taxed at the highest marginal tax rate. | | | | | | | | | | |
| Section 3 – Executor/Administrator details | | | | | | | | | | | |
| Full name | | |  | | | | | | | | |
| Postal address | | |  | | | | | | | | |
| Phone | | |  | | | | | Mobile |  | | |
| Email | | |  | | | | | | | | |
| Tax file number | | |  | | | | | | | | |
| Section 4 – Dependant details (including your own details, if applicable). Refer to the notes section for details on required certified documentation. Attach additional details if there are more than four dependants. Complete Statutory Declarations (A) and (C) if any dependant was a de facto spouse | | | | | | | | | | | |
| Surname | | | Given names | | | | Date of birth | | | | Relationship to deceased |
| 1. | | |  | | | |  | | | |  |
| 2. | | |  | | | |  | | | |  |
| 3. | | |  | | | |  | | | |  |
| 4. | | |  | | | |  | | | |  |
| Section 5 – Applying for advance NTGPASS payment | | | | | | | | | | | |
| In certain circumstances you may apply to the Commissioner to have an amount paid directly to you or a dependant prior to obtaining probate or letters of administration. More information on these payments is set out at Note 8, Section 5. | | | | | | | | | | | |
| **Tick the appropriate box, request an amount and provide the appropriate attachments.** | | | | | | | | | | | |
|  | Funeral and other associated costs  (attach invoices or quotes) | | | | $ | | | | | | |
|  | Payment to dependant or dependants  (provide evidence of relationship) | | | | $ | | | | | | |
|  | To alleviate financial hardship  (refer to Section 5 for appropriate attachments) | | | | $ | | | | | | |
| Section 6 – Bank account details for payment | | | | | | | | | | | |
| * Complete the below if claiming a benefit less than $30 000. Benefits less than $30 000 can be paid to a claimant’s bank account or by cheque if approved by the Commissioner of Superannuation. * Complete the below if applying for an advance payment at Section 5. * Note that payments to the deceased’s estate are always made by cheque. | | | | | | | | | | | |
| If approved, I request the payment be made to the following Australian bank account: | | | | | | | | | | | |
| Bank name | |  | | | | | | | | | |
| BSB no. | |  | | | | **Account no.** | | |  | | |
| Account name(s) | |  | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Section 7 – Document checklist (select those you have provided) | | | | | | | | | | | |
|  | **Will** | | | Required in all circumstances (if a Will exists) | | | | | | | |
|  | **Certified identification of claimant** | | | Required in all circumstances | | | | | | | |
|  | **Death certificate** | | | Required in all circumstances | | | | | | | |
|  | **Probate, Letters of Administration or Election to Administer Small Estate** | | | Required for benefits over $30 000 – must be issued by Supreme Court of the Northern Territory | | | | | | | |
|  | **Marriage certificate** | | | Required for proof of dependency | | | | | | | |
|  | **Children’s birth certificates** | | | Required for proof of dependency | | | | | | | |
|  | **Statutory declaration** | | | Required for proof of dependency and de facto/traditional spouse | | | | | | | |
|  | **Statutory declaration** | | | Required for proof of being sole claimant of death benefit | | | | | | | |

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|  | **Other documents (please specify)** | As required, for example funeral invoice, evidence of financial hardship, details of workers compensation |

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| Privacy statement | | | | | | | |
| The Northern Territory Superannuation Office is a division of the Department of Treasury and Finance, a Northern Territory Government Agency. The privacy and confidentiality of your personal information is important to the Northern Territory Superannuation Office. The information collected will only be used for the purpose for which it was supplied for administering your superannuation account and your information will not be disclosed to any third party unless required by law or authorised by you. To obtain further information about the Northern Territory Government privacy policy or the Information Act, please visit the Northern Territory Government website at [www.nt.gov.au](http://www.nt.gov.au). | | | | | | | |
| Declaration | | | | | | | |
| I understand that the personal details requested on this form will only be used to process my request and to administer the deceased member’s NTGPASS and/or NTSSS benefit. | | | | | | | |
| Applicant signature: | |  | | Date: | |  | |
| Internal use only | | | | | | | |
|  | **Advance payment approved** | | |  | **Tax payable on advance payment** | | |
| Commissioner of Superannuation: | | |  | Date: | | |  |
|  | **Death benefit approval** | | | | | | |
| Commissioner of Superannuation: | | |  | Date: | | |  |

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| Statutory Declaration (A) – Dependant/de facto spouse | | | | | |
| 1 | Insert the name and residential address of person making the declaration | I,1 | | | | |
| of | | | | |
|  |  | solemnly and sincerely declare that: | | | | |
| 2 | Please circle the appropriate | I am the dependant or de facto spouse2 | | | | |
| 3 | Name of deceased member | of3 | | | | |
| 4 | Residential address of deceased member | of4 | | | | |
|  |  | I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act 2010* conscientiously believing the statements contained in this declaration to be true and understand that it is an offence to make a statutory declaration that is false in any material particular. | | | | |
| 5 | Place | Declared at5 | on the6 | of7 | 20 | |
| 6 | Day |
| 7 | Month and year |
| 8 | Signature of person making the declaration | 8 | | | | |
| 9 | Signature of person before whom the declaration is made; person must be over 18 years of age | 9 | | | | |
| 10 | Full name, address or contact telephone number of person before whom the declaration is made (in printed letters) | 10 | | | | |
|  | NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age. NTSO staff will not act as a witness for this purpose. | | | | | |
|  | NOTE: This written statutory declaration must comply with Part 4 of the *Oaths, Affidavits and Declarations Act 2010*. | | | | | |
|  | NOTE: Any attachment to this written statutory declaration must include on its front page a statement identifying it as the attachment belonging to this particular statutory declaration under Part 4 of the *Oaths, Affidavits and Declarations Act 2010*. Attachments which are copies of original documents must be certified. | | | | | |

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| Statutory Declaration (B) – Sole claimant | | | | | |
| 1 | Insert the name and residential address of person making the declaration | I,1 | | | | |
| of | | | | |
|  |  | solemnly and sincerely declare that: | | | | |
| 2 | Please circle the appropriate | I am the only person claiming the NTGPASS and/or NTSSS death benefit2 | | | | |
| 3 | Name of deceased member | of3 | | | | |
| 4 | Residential address of deceased member | of4 | | | | |
|  |  | There is no other person claiming this benefit/these benefits.  I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act 2010* conscientiously believing the statements contained in this declaration to be true and understand that it is an offence to make a statutory declaration that is false in any material particular. | | | | |
| 5 | Place | Declared at5 | on the6 | of7 | 20 | |
| 6 | Day |
| 7 | Month and year |
| 8 | Signature of person making the declaration | 8 | | | | |
| 9 | Signature of person before whom the declaration is made; person must be over 18 years of age | 9 | | | | |
| 10 | Full name, address or contact telephone number of person before whom the declaration is made (in printed letters) | 10 | | | | |
|  | NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age. NTSO staff will not act as a witness for this purpose. | | | | | |
|  | NOTE: This written statutory declaration must comply with Part 4 of the *Oaths, Affidavits and Declarations Act 2010*. | | | | | |
|  | NOTE: Any attachment to this written statutory declaration must include on its front page a statement identifying it as the attachment belonging to this particular statutory declaration under Part 4 of the *Oaths, Affidavits and Declarations Act 2010*. Attachments which are copies of original documents must be certified. | | | | | |
| Statutory Declaration (C) – Genuine relationship | | | | | |
| 1 | Insert the name and residential address of person making the declaration | I,1 | | | | |
| of | | | | |
|  |  | solemnly and sincerely declare that the relationship between | | | | |
| 2 | Name and former address of deceased member | 2 | | | | |
| of | | | | |
|  |  | and | | | | |
| 3 | Name and former address of spouse | 3 | | | | |
| of | | | | |
|  |  | existed on a permanent and bona fide basis.  I make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act 2010* conscientiously believing the statements contained in this declaration to be true and understand that it is an offence to make a statutory declaration that is false in any material particular. | | | | |
| 5 | Place | Declared at5 | on the6 | of7 | 20 | |
| 6 | Day |
| 7 | Month and year |
| 8 | Signature of person making the declaration | 8 | | | | |
| 9 | Signature of person before whom the declaration is made; person must be over 18 years of age | 9 | | | | |
| 10 | Full name, address or contact telephone number of person before whom the declaration is made (in printed letters) | 10 | | | | |
|  | NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age. NTSO staff will not act as a witness for this purpose. | | | | | |
|  | NOTE: This written statutory declaration must comply with Part 4 of the *Oaths, Affidavits and Declarations Act 2010*. | | | | | |
|  | NOTE: Any attachment to this written statutory declaration must include on its front page a statement identifying it as the attachment belonging to this particular statutory declaration under Part 4 of the *Oaths, Affidavits and Declarations Act 2010*. Attachments which are copies of original documents must be certified. | | | | | |