

# BERT Application for Death Benefit Form



Please return this completed form to:

Email: [claims@bert.com.au](mailto:claims@bert.com.au) | Fax: 07 3832 3799 | Post: BERT, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

## DECEASED MEMBERS DETAILS

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms				
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Residential address	<input type="text"/>								
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BERT Member No. (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Union	<input type="checkbox"/> CFMEU	<input type="checkbox"/> CEPU				Union Number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## OTHER INFORMATION

### 1. Funeral Expenses (Where expenses have been paid, please provide a copy of the invoice, if available)

Have the funeral expenses been paid? (if yes please provide details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name	<input type="text"/>	Relationship to Deceased	<input type="text"/>
Address	<input type="text"/>		

### 2. Will (\* If yes, please forward a certified copy of document with this application)

Is there a Will	<input type="checkbox"/> Yes*	<input type="checkbox"/> No							
Has Probate or Letters of Administration been granted or applied for? (if yes please provide details below)									
Probate	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	If yes, date granted	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Letters of Administration	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	If yes, date granted	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executor's Name	<input type="text"/>	Relationship to Deceased	<input type="text"/>						
Address	<input type="text"/>								

## DETAILS OF PERSON CLAIMING THE DEATH BENEFIT

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms									
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Street address	<input type="text"/>													
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Telephone	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>													

## DECLARATION

I certify that all the details listed on this form are true and correct to the best of my knowledge.

I am the (relationship to the Deceased)

I acknowledge that a death benefit will be paid at the total and sole discretion of the Fund Trustee to the deceased's legal personal representative (Estate).

**Sign here**

<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------



If you require assistance please call BERT on **1300 261 114**.



Or email us at [enquiries@bert.com.au](mailto:enquiries@bert.com.au)

**Office use only**

Entered By	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorised By	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Continued Overleaf** →

Date Effective: August 2019

---

# CHECKLIST

- Have you completed and Signed Application for Death Benefit Form
- Have you provided a certified copy of the full Death Certificate
- Have you provided a certified copy of the Deceased proof of age (e.g. copy of the deceased's birth certificate, passport or drivers licence)
- Have you provided a certified copy of the deceased's Will
- Have you provided a certified copy of Probate
- Have you provided a certified copy of Letters of Administration
- Have you provided a copy of funeral expenses

A certified copy is one that is certified as being a true copy of the original by a person in your state and territory qualified to witness Statutory Declarations. Depending on your state's requirement these may include a Justice of the Peace; a Solicitor or Barrister or Notary Public; a police officer; a dentist; a pharmacist; a doctor or a school principal.

To have a document certified, take the original document and a photocopy of it to an appropriate person in your state or territory. They will stamp, sign and date the photocopy to certify that it is a true copy.