

BERT Application for Death Benefit Form



Please return this completed form to:

Email: claims@bert.com.au | SMS: 0428 483 324 | 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Union	<input type="checkbox"/> CFMEU	<input type="checkbox"/> CEPU	BERT Member No. (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Union Number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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) Yes No

Name Relationship to Deceased
Address

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

Is there a Will Yes* No

Has Probate or Letters of Administration been granted or applied for? (if yes please provide details below)

Probate Yes* No If yes, date granted | | | | | | | | |

Letters of Administration Yes* No If yes, date granted | | | | | | | | |

Executor's Name Relationship to Deceased
Address

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"/>	<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"/>	<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

Date | | | | | | | | |

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

Or email us at 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: July 2022

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.