

MERT

Deceased Member Claim Form



Please complete all sections in **black** ink using BLOCK letters.

Once completed, please mail to **MERT Administration, Locked Bag 20, Parramatta NSW 2124.**

Deceased member details *(full name of deceased member)*

Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Last known address		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership Number	Date of birth (dd/mm/yyyy)	Date member died (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Claimant's/beneficiary details *(full name)*

Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Relationship to Deceased	
<input type="text"/>	<input type="text"/>	
Claimant's/Beneficiary Signature	Date (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	

Contact details of person acting on behalf of claimant/beneficiary *(if appropriate)*

Full Name: (Solicitor/Authorised Person)	
Mr/Mrs/Ms/Miss	Surname
<input type="text"/>	<input type="text"/>
Given Names	
<input type="text"/>	
Telephone Number	
<input type="text"/>	
During what hours can you be contacted? <input type="text"/> am to <input type="text"/> pm	

Statutory declaration

Note: The following section must be completed by the Claimant/Beneficiary and the signature witnessed by a Justice of the Peace.

Name	Street	
I <input type="text"/>	of <input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

do solemnly and sincerely declare that the Deceased has not received any MERT Benefit Payment and 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

Subscribed and declared

this day of Two thousand and

before me

Signature of Justice of the Peace	Claimant(s) Signature(s)
<input type="text"/>	<input type="text"/>

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.

Dependency statement

Name	Street	
I <input type="text"/>	of <input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to Deceased

do solemnly and sincerely declare that I was the

of the deceased member and at the time of his/her death I was: **(Please tick the appropriate box)**

- Wholly financially dependent upon the deceased.** **Partially financially dependent upon the deceased.**
 Non financially dependent upon the deceased. *(Please Provide the following)*

Tax File Number	Date of birth (dd/mm/yyyy)
<input type="text"/>	<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

Subscribed and declared

this day of Two thousand and

before me

Signature of Justice of the Peace	Claimant(s) Signature(s)
<input type="text"/>	<input type="text"/>

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 the Fund Administrators.

- The death certificate
 The birth certificate of the deceased member
 The marriage certificate or other proof of dependency

Note: If you do not have a marriage certificate or other proof of dependency, please complete the dependency statement above.

- The Will or letters of administration, issued by the court

The Right to Privacy

MERT collects personal information for the 'primary purpose' of running a Redundancy account. MERT will not misuse or change any personal information given.

The MERT 'privacy policy' is available by calling 1800 023 692 and requesting a copy or visit our site at www.mert.com.au.