



MORTALITY BENEFIT APPLICATION FORM

By your side

When this form has been completed it should be sent to the United Services Union:

By Post: Level 7, 321 Pitt Street, SYDNEY NSW 2000 OR

By Fax: 9261 3378

I, (Applicant's Full Name) make application for the payment of a Union Mortality Benefit. I submit the following information in support of the application:

APPLICANT			
Address			
		Post Code	
Phone			
Relationship to Deceased			

DECEASED	
Full Name	
Union Membership Number	
Years as Union Member	
Employer	
Date of Death	

I attached herewith a copy of a:	
<input type="checkbox"/> Statutory Declaration	<input type="checkbox"/> Receipt/Account for Funeral Expenses
<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Bank Details

Signature of Applicant	
Date	

STATUTORY DECLARATION

USU MORTALITY BENEFIT

I, (Applicant’s Full Name)

of(Applicant’s Address)

in the State of New South Wales do solemnly and sincerely declare as follows:

1. I refer to my application to the United Services Union for payment of a Mortality Benefit arising out of the death of (deceased’s name) on (date of death).
2. a. I make application for the payment of the benefit on the basis that I paid for the deceased’s funeral as per the attached receipt or account from the Funeral Director.
b. When provided by way of an account the payment shall be made out to and paid directly to the Funeral Director.
3. I acknowledge that payment of the mortality benefit is made at the discretion of the Union in accordance with the criteria identified in the Union’s Mortality Benefit Policy.

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: on
[place] [date]

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I,, a ,
[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it:
[* please cross out any text that does not apply]

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification¹ for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have confirmed the person’s identity using an identification document and the document I relied on was

[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]

¹ The only “special justification” for not removing a face covering is a legitimate medical reason (at September 2018)

BANK DETAILS

Bank Name	
Name of Account Holder	
BSB	
Account Number	