

#### Contact Details for Future Super

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# **Application for Payment of a Death Benefit**

Issued 1 November 2023 FUND ABN 45 960 194 277 | USI 45 960 194 277 010

Complete this form if you are a dependant of a deceased member of Future Super.

You can find detailed information about Future Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from **futuresuper.com.au** or on request by phoning **1300 658 422**.

This form may be posted to GPO Box 2754, Brisbane QLD 4001 or scanned and emailed to info@futuresuper.com.au.

## Important Information about Claiming a Superannuation Death Benefit

When a member of Future Super dies, the Trustee must determine who is entitled to receive a death benefit. This decision is governed by the Superannuation Industry (Supervision) Act 1993, the Fund's Trust Deed and general trust law.

### Who Can Claim a Benefit?

A benefit may be paid to a deceased member's dependant(s) (as defined below) or legal personal representative. If there is no valid binding death benefit nomination in place, the Trustee may pay the death benefit to one or more persons, and to the exclusion of others, in such a manner and proportion as it determines. If the Trustee cannot find any dependants or a legal personal representative, then the benefit may be paid to a non-dependant (such as a next of kin).

#### Who Can Be a Dependant?

For the purpose of paying a death benefit, a dependant can be:

- A spouse or de-factor spouse of the member. This includes another person (whether of the same or different sex) with whom the member was in a relationship that is registered under a law of State or Territory; and a person who, although not legally married to the member, lived with the member on a genuine domestic basis in a relationship as a couple;
- A child in relation to the member (including an adopted child, a step-child and an ex-nuptial child (born outside the marriage) of the member; and a child of the member's spouse);
- Any person with whom the member had an "interdependency relationship" at the time of the member's death;
- Any person who, in the opinion of the Trustee, was at the date of the member's death, wholly or partially dependant on that member; or
- Any person who, in the opinion of the Trustee, had at the date of the member's death, a legally enforceable right to look to the member for financial support.

### What is an Interdependency Relationship"?

Two people have an interdependency relationship if:

- They have a close personal relationship (meaning a relationship where there is a demonstrated and ongoing commitment to each other's well-being);
- They live together;
- · One or each of them provides the other with financial support; and



• One or each of them provides the other with domestic support and personal care.

If each of these conditions is met, there is an interdependency relationship in place and each person is a dependant of the other.

In addition, if a close personal relationship exists but the other requirements above are not satisfied because of a physical, intellectual or psychiatric disability (e.g. one person lives in a psychiatric institution suffering from a psychiatric disability), then an interdependency relationship may still exist.

Two persons do not have an interdependent relationship if one of them provides domestic support and personal care to the other under an employment contract or a contract for services on behalf of another person or organisation such as a government agency, a body corporate or a benevolent or charitable organisation.

### What is Financial Dependency?

Financial dependency may include a dependency on the member for payment of bills, rent, maintenance payments and shared financial commitments, such as a mortgage. Being financially dependent on the member does not necessarily mean that the dependent totally depended on the member for financial support.

### Who is a Legal Personal Representative?

A legal personal representative is the person granted authority by the relevant State or Territory court to finalise the member's estate through either:

- Probate to act as an executor-where the member left a valid Will; or
- Letters of administration-where the member did not leave a valid Will.

### What if the Dependant is a Minor or an Infirm Person?

A parent or guardian may complete an *Application for Payment of a Death Benefit* form on behalf of a child under age 18. The legal personal representative or attorney of an infirm person may complete an *Application for Payment of a Death Benefit* form on behalf of that person.

If the Trustee decides to pay a benefit to a child under age 18 or any other person lacking legal capacity, the benefit may be paid either to the parent of the child, to the beneficiary's legal personal representative or to a third party trustee for the maintenance, advancement, education or benefit of that person.

## **How May Death Benefits Be Paid?**

A death benefit may be paid to a dependant beneficiary as an income stream or a lump sum.

### What are the Rules for Paying Income Streams to Child Beneficiaries?

In order to receive a death benefit in the form of an income stream a child must:

- Be less than 18 years of age; or
- Be less than 25 years of age and have been financially dependent on the deceased member; or
- Have a disability that:
  - o Is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of impairments;
  - o Is permanent or likely to be permanent; and
  - o Results in a substantially reduced capacity of the person for communication, learning or mobility and the need for ongoing support services.

Otherwise, the death benefit must be paid to the child as a lump sum.

If death benefits are paid to a child of any age in the form of an income stream, they must be cashed as a lump sum on the earlier of the day on which the:

- Income stream is commuted, and
- The day on which the child attains age 25, unless the child has a disability as described above.



### What if the Member Made a Non-Binding Nomination?

If the member made a valid non-binding nomination with the Trustee before their death, the Trustee will take this nomination into consideration in determining how the member's death benefit will be paid, but is not bound to follow it.

### What if the Member Made a Non-Lapsing Binding Nomination?

If the member made a valid non-lapsing binding nomination with the Trustee before their death, and all nominated beneficiaries are alive at the time of the member's death, the Trustee will be bound by this nomination and will pay the member's death benefit in accordance with the nomination.

## What Tax is Payable on Death Benefits?

Generally, for financial dependants of the deceased, no tax is payable on receipt of a lump sum death benefit. The taxation and social security treatment of income stream death benefits is complicated, and we recommend that you seek independent professional advice specific to your circumstances.

## What Steps are Involved in the Death Claim Process?

When Future Super is advised about the death of a member, the Trustee must decide to whom a benefit should be paid.

The steps are as follows:

- 1. An Application for Payment of a Death Benefit form is sent to the potential claimant/s.
- 2. Claimants will be requested to provide documentation relating to the deceased and minor children when lodging their claim. These include:
  - A certified copy of any signed and dated Will left by the member;
  - A certified copy of the full death certificate which includes the cause of death;
  - · Certified proof of identity for the deceased member;
  - Certified proof of identity for each person intending to make a claim or claiming on behalf of a minor child; and
  - In respect of any minor children, a certified birth certificate.
- 3. When the form and all documents have been received, we will consider to whom the benefit should be paid. This consideration will include a check to see whether the member made a valid non-lapsing binding nomination. If this is not applicable, we will:
  - Try to identify all the people who might have been dependants of the member; and
  - Examine each person's relationship with, and the extent to which they might have been financially dependent on, the member at the time of their death.
- 4. If there is no valid non-lapsing binding nomination, we will then determine how the benefit should be paid. This is based on considering:
  - Any Will left by the member and noting when it was written;
  - Any non-binding nomination made by the member;
  - The circumstances of each claimant or other potential beneficiary at the time the member died; and
  - All other relevant information obtained by us.
- 5. We will write to each person who has made a claim, informing them how it is proposed the benefit will be paid. If there is more than one person, the proposed distribution of the benefit will also be provided.
- 6. All claimants will be given 28 days to respond and inform us whether or not they agree with the proposal.
- 7. If no claimant objects to the proposal, the benefit will be paid or commence to be paid. In the case of a lump sum benefit, the benefit will consist of the proportion of the account balance less tax where applicable. If there is an objection to the proposal, we will review it; taking into account the objections and any additional information that is provided. We may also ask for further information to help in the review.



8. When we have considered the matter, we will make a further decision and repeat steps 5, 6 and 7 above. If a claimant remains dissatisfied with the final decision of the Trustee in relation to the distribution of a death benefit, the claimant may then make a complaint to the Australian Financial Complaints Authority (AFCA). Claimants will be informed of their rights in this regard at the same time as they are notified of the Trustee's determination.

### **Proof of Identity and Certified Copies**

Wherever we request certified copies you must ensure that the documents you provide have been certified correctly by an approved person. For more information, see the **Providing Certified ID Factsheet** attached.

## **Ensure Your Application is Complete**

To ensure your application is assessed as soon as possible, please ensure that you complete all fields on the application form and provide all requested documents. Any missing information and/or documents will result in the assessment being delayed while we request them again.

**IMPORTANT -** Under superannuation legislation, the Trustee is required to communicate details of its proposed payment to all potential beneficiaries. This means that a person's name and details of their relationship to, or dependence on, the deceased member may be disclosed to other claimants. It may also be disclosed to the Trustee's legal advisors and, if required, to the Australian Financial Complaints Authority (AFCA) or a court.

If one person is coordinating the claims process on behalf of all claimants, sections 1-4 should only be completed once.



Section 1 Personal Details of the Deceased Member

Member Number

Member Number		
Date of Birth		
Date of Death Please enclose a certified copy of the full Death Certificate		
Given Name(s)		
Surname		
Last Residential Address		
Suburb	State Postcode	
Was the deceased member residin	ng alone at the time of their death?	No
If 'no', with whom was the decease	ed member residing immediately prior to their death?	
Given Name(s)		
Surname		
Relationship to the Deceased		
Given Name(s)		
Surname		
Relationship to the Deceased		
Given Name(s)		
Surname		
Relationship to the Deceased		
Given Name(s)		
Surname		
Relationship to the Deceased		



## **Section 2** General Information About Dependants

Provide details below of any surviving spouse or de-facto, and/or any surviving children, of the deceased member. (See the Important Information above for definitions)

If there are more than four dependants, please copy this section or provide the requested details of each additional dependant on a separate sheet and attach the copies or sheets to this application.

Dependant 1			
Given Name(s)			
Surname			
Residential Address			
City	State	Postcode	
Relationship with the Deceased	Length of Relationsh		
Was this person financially depende No  Dependant 2	in on the deceased member.	Yes L	
Given Name(s)			
Surname			
Residential Address			
City	State	Postcode	
Relationship with the Deceased	Length of Relationsh		
Was this person financially depende	nt on the deceased member?	Yes	

## Dependant 3



Given Name(s)				
Surname				
Residential Address				
City		State	Postcode	
Relationship with the Deceased		Length of Relationship	Age of De	pendant
Was this person financially depend No	dent on the de	ceased member?	Yes	
Dependant 4				
Given Name(s)				
Surname				
Residential Address				
City		State	Postcode	
Relationship with the Deceased		Length of Relationship	Age of De	pendant
Was this person financially depend	lent on the de	ceased member?	Yes	



## Section 3 Financial Dependants and Persons with an Interdependency Relationship

List any other person(s), including parents, who was/were financially dependent on, or in an interdependent relationship with, the deceased member at the time of their death.

See the Important Information above for definitions.

If there are more than four financial dependants or interdependents, please copy this section or provide the requested details of each additional dependant on a separate sheet and attach the copies or sheets to this application.

## Financial Dependant or Interdependant 1

Given Name(s)						
Surname						
Residential Address						
City		State		Postcode		
Relationship with the Deceased		Length of Relationsh	nip	Age of De	Age of Dependant	
Was this person financially dependent on the deceased member? ☐ Yes ☐ No						
Was this person in an interdependent	ent relationshi	p with the deceas	ed member?	☐ Yes		
Was this person in an interdepende			ed member?	☐ Yes		
Was this person in an interdepende			ed member?	☐ Yes		
Was this person in an interdependent No Financial Dependant or Interd			ed member?	☐ Yes		
Was this person in an interdependent No  Financial Dependant or Interd  Given Name(s)			ed member?	☐ Yes		
Was this person in an interdependent No  Financial Dependant or Interd  Given Name(s)  Surname			ed member?	☐ Yes		
Was this person in an interdependent No  Financial Dependant or Interd  Given Name(s)  Surname			ed member?	☐ Yes  Postcode		
Was this person in an interdependent No  Financial Dependant or Interd  Given Name(s)  Surname  Residential Address					ependant	



Was this person financially depende	Was this person financially dependent on the deceased member?				
□ No					
Was this person in an interdepender No	nt relationship with the deceas	ed member?			
Financial Dependant or Interde	pendant 3				
Given Name(s)					
Surname					
Residential Address					
City	State	Postcode			
Relationship with the Deceased	Length of Relationsh		ependant		
Was this person financially dependent on the deceased member?  No  Was this person in an interdependent relationship with the deceased member?  Yes  No					
Financial Dependant or Interde	pendant 4				
Given Name(s)					
Surname					
Residential Address					
City	State	Postcode			
Relationship with the Deceased	Age of D	ependant			
Was this person financially depende	nt on the deceased member?	□ Y	es		



Was this person in a	n interdependent relationship with the de	eceased mem	ber? LYes	
Section 4 Wil	I, Probate and/or Letters of Adn	ninistration	1	
Did the deceased me	ember leave a Will?	☐ Yes		□ No
If 'yes', has probate	been applied for/received?*   Yes	[	No	
If 'no', have Letters of	of Administration been applied for/receive	ed?	Yes	☐ No
	to one of more of these questions, please at 000, the copy of the document does not need			iment. If the total death
Declaration in R	espect of Information Provided	in Section	s 1, 2, 3 and	14
I declare that all true and correct	of the information provided in Sections :	I, 2, 3 and 4 a	bove is to the b	est of my knowledge
I have read the the purposes as	Privacy Statement (below) and consent stated.	to Future Sup	er using my per	rsonal information for
<ul> <li>I accept that I as Super.</li> </ul>	m bound by the provisions of the trust de	ed and rules v	which govern the	e operation of Future
×				
Signature				
Print Name				

PRIVACY STATEMENT: By signing this form you consent to Future Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.futuresuper.com.au or phone 1300 658 422.



## **Section 5** Intention to Claim a Death Benefit

Each person who was a nominated benefit for payment of a death benefit, must complete.				sidered
Please copy this page to enable each person minor or infirm person, it must be signed or			n is being completed on bel	half of a
Do you intend to claim a death benefit?		Yes	☐ No	
If you answered 'no', who do you think	is entitled to this benefit	and why?		
Deceased Member Name and Member Number				
Given Name(s)				
Surname				
Mobile Phone Number				
Email Address*				
Tax File Number^				
Residential Address				
City	State		Postcode	
* By providing your email address, you co information required by law, via email or sin in accordance with our <b>Privacy Policy</b> . Yo communications by post by contacting Futu	nilar technologies. Your det u can unsubscribe from ou	ails will never be p r non-essential em	assed onto a third party oth ails at any point or elect to	ner than receive
writing at GPO Box 2754, Brisbane QLD 4		. Or via Gillali at III	io@iataresuper.com.a	uu 01 111
^ Under the Superannuation Industry (Super death benefit you are eligible for may be part	ervision) Act 1993, you are i aid to you at your top margi	not obliged to disc nal tax rate.	ose your TFN, but if you do	on't, any
Relationship with the Deceased	Length Relatio		Age of Dependar	nt



Were you financially dependent on the	ne deceased member?	☐ Yes	□ No		
Were you in an interdependent relati			□ No		
If you answered 'yes' to either of the or interdependency with the deceas information to this application.					
Section 6 Payment of Dea	th Benefit				
Each person who was a nominated ben- for payment of a death benefit, must con			rishes to be considered		
Please copy this page to enable each person to complete their individual claim.					
Please select <b>one</b> of the two options below	OW.				
If the Trustee approves the payment of a benefit to me, I wish to receive this payment:					
As an income stream*	As a lump sum**				
* See the Important Information above reinfo@futuresuper.com.au or on 1300 6			ry. Please contact us at		
** Please specify your bank account deta to you.	ils so that payment can be enac	ted if the Trustee approves t	he payment of a benefit		
Account Name <sup>*</sup>					
Name of Financial Institution					
BSB					
Account Number					
* We can only make payments into an A	ustralian bank, credit union or b	ouilding society account that	's in vour name or held		

## Section 7 Verification of Identity

jointly in your name with another person.



Each person who was a nominated beneficiary or dependant of the deceased member, and who wishes to be considered for payment of a death benefit, must complete and sign Sections 5 - 7 of this application. Please copy this page to enable each person to complete their individual claim.

Please select <b>one</b> option.
☐ Option 1 – I want to attach paper copies of certified ID.
Please ensure that you provide photocopies of your original identification documents and that they are correctly certified. Each page must be certified as a true copy.  If the documents you provide are not correctly certified or are unable to be read you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third-party green ID validation provider, including confirming your document is valid with the original document issuer.
☐ Option 2 – I want to use electronic verification
By providing the information below you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third-party green ID validation provider, including confirming your document is valid with the original document issuer.  You must provide at least 2 of the following. Please provide all 3 of the following if possible (if you are unable to provide this information you will need to provide certified ID as per option 1):
Australian Passport
Please complete the details exactly as they appear on your Passport.
Passport number
First and middle names (if applicable)
Last Name
Date of Birth
Medicare Card  Please complete the details exactly as they appear on your card.
Please complete the details exactly as they appear on your card.  Card number
Please complete the details exactly as they appear on your card.  Card number  Reference number
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)  Last Name
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)  Last Name  Date of Birth
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)  Last Name
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)  Last Name  Date of Birth  Card Expiry date  Australian Drivers Licence
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)  Last Name  Date of Birth  Card Expiry date
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)  Last Name  Date of Birth  Card Expiry date  Australian Drivers Licence  Please complete the details exactly as they appear on your Licence.
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)  Last Name  Date of Birth  Card Expiry date  Australian Drivers Licence  Please complete the details exactly as they appear on your Licence.  Licence number  Card Number
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)  Last Name  Date of Birth  Card Expiry date  Australian Drivers Licence  Please complete the details exactly as they appear on your Licence.  Licence number
Please complete the details exactly as they appear on your card.  Card number  Reference number  First and middle names (if applicable)  Last Name  Date of Birth  Card Expiry date  Australian Drivers Licence  Please complete the details exactly as they appear on your Licence.  Licence number  Card Number  First and middle names (if applicable)

## Declaration in Respect of Information Provided in Sections 5, 6 and 7

• I declare that all of the information provided in Sections 5-7 above, and in any attachments that I have submitted with respect to Section 7, is to the best of my knowledge true and correct.



- I have read the Privacy Statement (below) and consent to Future Super using my personal information for the purposes as stated.
- I accept that I am bound by the provisions of the trust deed and rules which govern the operation of Future Super.

x
Signature of claimant
×
Signature of witness
/
Print name
Capacity

**PRIVACY STATEMENT**: By signing this form you consent to Future Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit **www.futuresuper.com.au** or phone **1300 658 422**.



# **Processing Checklist**

The Trustee will not begin assessing your application until all of the following have been received:

Certified copy of the full death certificate	Certified copy of a change of name document (if applicable)
Certified ID for the deceased member	Certified copy of Marriage Certificate or Divorce Certificate (if applicable)
Certified copy of the deceased's Will (if applicable)	If claiming as a de facto of the deceased member, evidence to confirm the relationship, such as a tenancy agreement, a utility notice or a joint bank account issued in both names (if applicable)
Certified copy of the Probate (if applicable)	Certified copies of a Power of Attorney or Guardianship Orders (if applicable)
Certified copy of the Letters of Administration (if applicable)	Certified copy of any minor child's Birth Certificate (if applicable)
	Certified ID documents for each person making a claim (if applicable)

Use this Fact Sheet to understand the types of documents that we can accept as proof of your identity and what you need to do to ensure that they are certified correctly.

When submitting forms to Future Super you may be required to provide certified documents in hardcopy so that we can prove you are the person to whom the super account belongs to.

## 1. Acceptable Identification Proof Documents

Generally, an acceptable level of proof of identity will require:

a. Certified copies of one primary photographic identification document.

#### OR

b. A certified copy of **one primary non-photographic** identification document **and one secondary** identification document.

Primary Photographic Documents	Primary Non-Photographic Documents	Secondary Documents
<ul> <li>Current Australian driver's licence issued under State or Territory law*.</li> <li>Current proof of age card issued under State or Territory law.</li> <li>Australian Passport (current or may be expired within 2 years).</li> <li>Current foreign driver's licence (including photo, date of birth and signature)*.</li> <li>Current foreign passport</li> <li>Current national identity card issued by a foreign government (including photo, date of birth and signature).</li> <li>AND</li> <li>An English translation if in a foreign language**</li> </ul>	<ul> <li>Australian birth certificate or birth extract.</li> <li>Foreign birth certificate or birth extract.</li> <li>Australian citizenship certificate issued by the Commonwealth.</li> <li>Citizenship certificate issued by a foreign government.</li> <li>Current pension card issued by the Department of Human Services (Centrelink) that entitles the person to financial benefits.</li> <li>Current health care card (Issued by Centrelink).</li> <li>AND</li> <li>An English translation if in a foreign language**</li> </ul>	A current notice (showing name and residential address) issued by:  Commonwealth or State Government (within 12 months);  Australian Taxation Office (within 12 months); or  Local Government or utilities provider (within 3 months).  OR  If under the age of 18, a notice that:  Is issued by a school principal within the preceding 3 months;  Records name and residential address; and  Records school attendance.

<sup>\*</sup>Including the back of the driver's licence if your address has changed.

<sup>\*\*</sup>Documents written in a foreign language must be accompanied by a translation into English by an accredited translator.



## 2. Certifying Documents

A certified copy of an identification document is a copy of an original document, which has been certified and signed by a person who is authorised to certify that it is a true and correct copy of the original.

For a full listing of people who can certify your documents, see the Statutory Declarations Regulations 1993.

Some of the people who can certify copies of originals as true copies in Australia are:

a medical practitioner

an optometrist

• a nurse

a veterinary surgeon

an optometrist

an accountant (member of CA, CPA or IPA)

a psychologist

a police officer

a pharmacist

- a legal practitioner
- a chiropractor
- a Justice of the Peace
- a dentist
- a judge or magistrate
- a physiotherapist
- a chief executive officer of a Commonwealth court
- a teacher employed on a full-time basis at a school or tertiary institution
- an employee with two or more years' continuous service with an office supplying postal services to the public
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees

If you are living overseas, the persons who are authorised to certify copies of originals and true copies include:

- an authorised staff member of an Australian Embassy, High Commission or Consulate
- an authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- an authorised employee of the Commonwealth of Australia who is in a country or place outside Australia
- a member of the Australian Defence Force who is an officer or a non-commissioned officer with 5 or more years of continuous service
- a person authorised as a notary public in a foreign country.
- (subject to approval on a case-by-case basis) a Judge of a Court, a Justice of the Peace, a Magistrate or a Police Officer of a foreign country

## 3. How to Certify an Identification Document

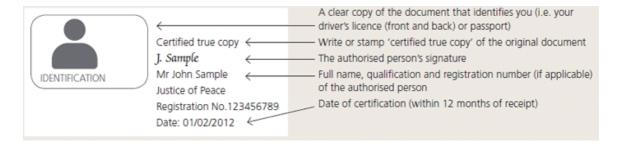
You will need to take your original document, and a clear and legible photocopy of both sides of the original document, to a person who is authorised to certify proof of identity documents.

The person authorised to sight and certify documents must:

- Sight the original and the copy and make sure they are identical; and
- Write or stamp 'certified true copy' on all copied pages followed by their signature, printed name, qualification (e.g. Justice of the Peace), registration number (if applicable) and date.



### For example:



## 4. Frequently Asked Questions

A. What happens if I've changed my name or I'm signing on behalf of another person?

If you've changed your name or are signing on behalf of the applicant, you'll need to provide a **certified linking document** proving a relationship exists between two (or more) names.

For a change of name you can request linking documents (e.g. Marriage Certificate, Deed Poll, Change of Name Certificate, Divorce Decree or Registered Relationship Certificate) from the Births Deaths and Marriages Registration Office.

If you are signing on behalf of the applicant, you will need to provide Guardianship papers or Power of Attorney documents.

B. Do proof of identity and/or linking documents need to be translated?

If your proof of identity and/or linking documents are in a language that is not understood by the person carrying out the verification, they must be accompanied by an English translation prepared by an accredited translator.

C. For how long is the certification valid?

Documents certified more than 12 months ago will not be accepted.