

When to use this form

Use this form to request information from Services Australia regarding a deceased person.

Information will only be disclosed to:

- the executor as named in the Will
- the Public Trustee
- a court, and/or
- the administrator of the estate.

What else you will need to provide

You will need to provide proof you have the authority to act on the deceased person's estate.

For example:

- a copy of the Will
- letters of administration
- a court order or similar legal document
- a letter from the legal representative of the executor or administrator of the estate.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign it.

If you have a printed form:

- Use black or blue pen
- Print in BLOCK LETTERS.

For more information

Go to servicessaustralia.gov.au/bereavement or call us on **132 300** Monday to Friday, 8 am to 5 pm, Australian Eastern Standard Time.

To speak to us in your language, call **131 202**.

Call charges may apply.

If you have a hearing or speech impairment, you can contact the **TTY service** Freecall™ **1800 810 586**. A TTY phone is required to use this service.

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return this form:

- **by fax to 1300 786 102**
- by post to
Services Australia
PO Box 7800
Canberra BC ACT 2610
- in person at one of our service centres.

Deceased person's details

1 Customer Reference Number (if known)

2 Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Date of birth (DD MM YYYY)

4 Permanent address before death

Postcode

5 Date of death (DD MM YYYY)

6 Relationship status at time of death

Single Married Registered De facto
Widowed Separated Divorced

Partner's name (if applicable)

7 Under what authority are you requesting this information?



Information will only be released to you if you have the appropriate authority.

Executor as named in the Will

The administrator of the estate

The Public Trustee

A court order



You will need to provide proof you have the authority to act on the deceased person's estate.



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Authorised person's details

8 Centrelink Customer Reference Number (if known) of the authorised person or organisation

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9 Mr Mrs Miss Ms Mx Other

Family name

First given name

10 Internal reference number (if applicable)

11 Organisation name (if applicable)

12 Postal address

| |
|----------|
| |
| |
| Postcode |

13 Daytime phone number

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14 Will you be receiving payments on behalf of the deceased customer?

No **Go to next question**

Yes **Give details below**

Complete details if you have legal authority to receive payments owed to the estate.

Centrelink payments owed to the estate can be paid to a bank account or by cheque.

Name of bank, building society or credit union

Branch number (BSB)

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Account number (this may not be the card number)

Account held in the name(s) of

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| |

Or

tick box if payment is to be made by cheque

Information to be requested from Services Australia

15 What information about the deceased person are you requesting?

Select all that apply

The amount Centrelink owes to the estate (if any)

The amount the deceased person owed to Centrelink at the time of death (if any)

The amount Centrelink will claim against the estate (if any)

Details of any outstanding review of decisions

Details of any outstanding claims for a payment or service

A statement of payment for the current financial year

A statement of payment for the previous financial year

A statement of income and assets as at the date of death

A statement of Centrepay deductions as at the date of death

Other (give details below)

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Privacy notice and declaration

16 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

17 Declaration


I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Your signature

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|---|

Date (DD MM YYYY)

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Returning this form

See page 1 for details on returning this form.