Nauru Super – Death or TPD withdrawal form

Use this form:

To advise SuperLife that due to a member's death or total and permanent disablement (TPD) that their benefit is to be withdrawn from the Nauru Super scheme. The form should be completed by an appropriate person and send to the Nauru onshore representative. It is important that all contact phone number and email are provided in case clarification is required.

Send completed form to the Nauru representative, who will finalise and forward to SuperLife for processing and payment.

SuperLife number

Member details

Name: _____ Date of Birth: _day_ **/** _month_ **/** _year_

Address: _____ Postcode: _____ Phone/Mobile: _____

Email: _____ Date of death (if applicable): _day_ **/** _month_ **/** _year_

Applicant details

Name: _____ Date of Birth: _day_ **/** _month_ **/** _year_

Address: _____ Postcode: _____ Phone/Mobile: _____

Email: _____ Relationship to member: _____

I request for the total balance of the member's account to be paid to the following account (via the Nauru Super scheme trustees as necessary) as soon as possible, based on the medical evidence or probate provided.

Bank account: ▢▢ ▢▢▢▢ ▢▢▢▢▢▢▢ ▢▢

Name on bank account: _____

Please enclose evidence of the bank account details including applicant's address (For Nauru residents, "district name, Republic of Nauru" is sufficient), such as a scanned/ printed bank statement. The bank account must be in the name of the member or nominated beneficiary or evidence provided as to why not possible.

Applicant Signed: _____ Date: _day_ **/** _month_ **/** _year_

TOTAL AND PERMANENT DISABLEMENT (TPD)

Total and permanent disablement means a member has become totally incapacitated by an accident or illness that has resulted in being unable to continue their own occupation and have been away from work for a consecutive six-month period. It also includes the loss of a limb (meaning a whole hand or foot), or the sight in one or both eyes. A medical certificate to the Nauru Trust Board's satisfaction must accompany this form.

Employer details (if employed)

Last day of employment: _day_ **/** _month_ **/** _year_ **Date of final pay deductions:** _day_ **/** _month_ **/** _year_

For pay period ending: _day_ **/** _month_ **/** _year_ **Amount of final deductions:** $ _____

Authorised officer of employer

Name: _____ Position: _____

Employer name: _____ Contact Phone: _____

Contact email: _____

I confirm on behalf of the employer, that the member and employer information is true and correct

Employer signature: _____ Date: _day_ **/** _month_ **/** _year_

▢ Documents ▢ ID presented ▢ Bank evidence ▢ Address ▢ Beneficiary or ▢ Individual ▢ Probate or ▢ Letter of Administration
▢ Death Certificate ▢ Approved to pay

NAURU TRUST BOARD OF APPROVAL (must be signed by any two signatories)

Signatory (1): _____ Date: _day_ **/** _month_ **/** _year_

Signatory (2): _____ Date: _day_ **/** _month_ **/** _year_