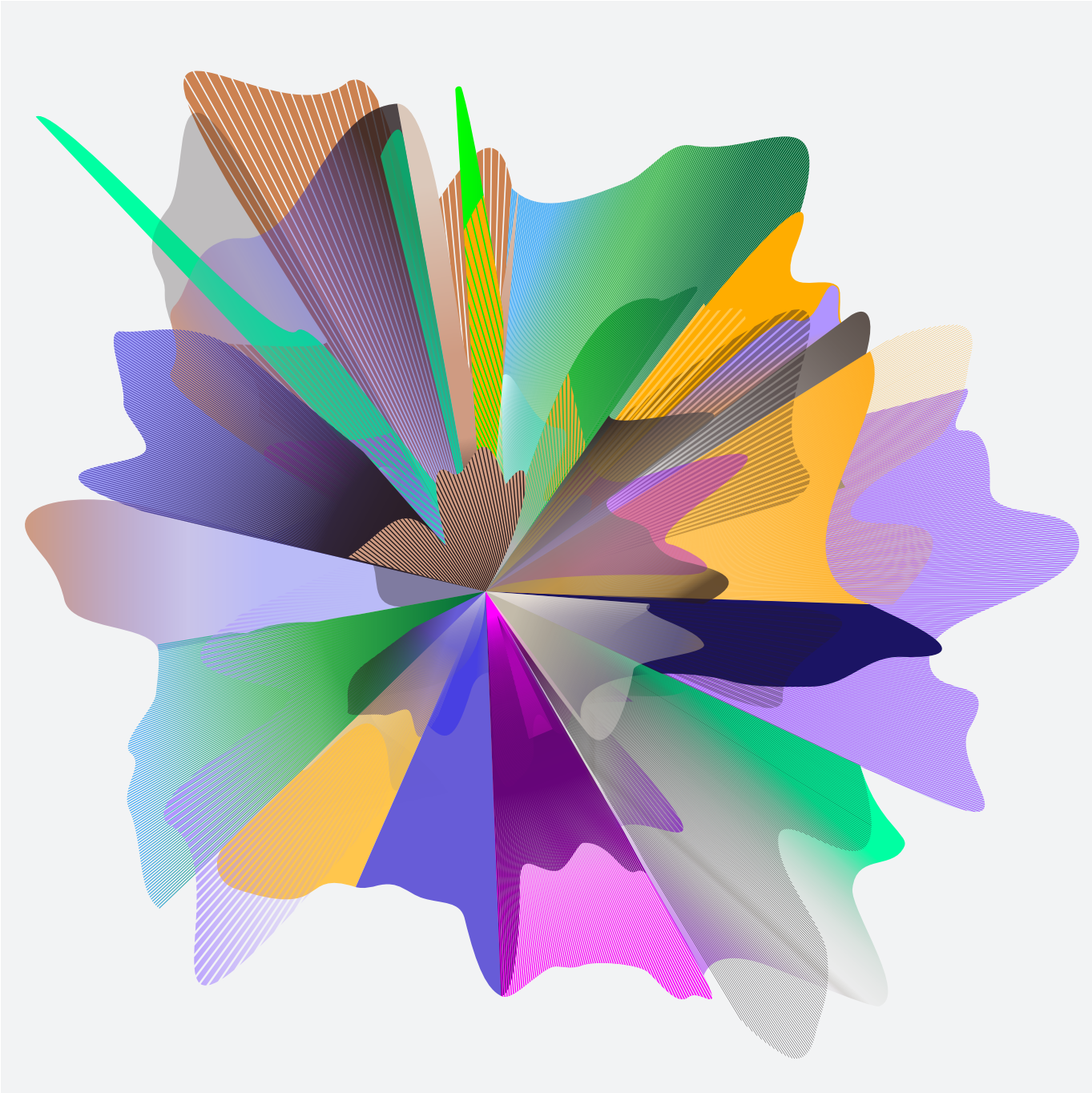


Death Claims Guide

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This guide explains how to start a death benefit claim, what information may be needed, how the Trustee and Insurer assess claims, and where to go if you need support or want to raise a complaint.

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Important information

This document has been prepared on behalf of IOOF Investment Management Limited (IIML) ABN 53 006 695 021 AFSL 230524 (IIML) as trustee of the IOOF Portfolio Service Superannuation Fund, ABN 70 815 369 818 (the Fund). IIML is part of the group of companies comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group).

The information in this document is general in nature and doesn't take into account your objectives, financial situation or individual needs. Before acting on any of this information you should consider whether it is appropriate for you. You should consider obtaining financial advice before making any decisions based on this information.

References to 'we', 'us' or 'our' are references to the Trustee, unless otherwise stated.

Subject to super law, the final authority on any issue relating to a member is the Fund's Trust Deed, and the relevant insurance policy, which governs the rights and obligations of a member.

Insurance is offered to members under insurance policies issued to the Trustee by the Insurer. The insurance cover provided is subject to the terms and conditions contained in the insurance policies issued to the Trustee by the Insurer. The terms and conditions of the policies prevail over any inconsistent information in the PDS, the Insurance Guide or this Claims Guide. The insurance information provided in the PDS, the Insurance Guide and this Claims Guide is based on the policies issued by the Insurer, and information provided by the Insurer about the operation of the policies. Insurance benefits will only become payable if the Insurer accepts the relevant claim. For an approved insurance claim with a lump sum insured benefit (e.g. death benefit), the benefit amount will generally be paid by the Insurer to the Trustee. That benefit amount along with the super account balance can then be paid to the beneficiary of a deceased member by the Trustee.

Support when you need it most

Losing someone close to you is never easy. Our experienced claims team is here to guide you through the death benefit claim process, ensuring you have the information and support you need at every stage.

About this guide

This Claims Guide will help you understand the process for your claim, including how to start your claim as simply and quickly as possible.

If the deceased had insurance through their super, the death benefit may include both their super account balance and any insurance cover.

What's a death benefit?

A death benefit is a payment made from a super fund after a member passes away. It generally includes the member's super account balance, and if applicable, any death insurance cover held through their super. The total amount paid depends on the terms of the policy and eligibility criteria.

Super law and the Fund's Trust Deed govern who can receive a death benefit.

Managing your claim

Your claim is unique. That's why we'll take care to assess your personal situation.

We're here to help you understand what's needed, complete claim forms and provide required claim information.

You can also appoint someone to act on your behalf during the claims process.

If you're going through any personal or financial difficulties during this time, please let us know as we'll take that into account when working with you.

The role of the Trustee and the Insurer

Trustee

We're responsible for acting in the best interests of all our beneficiaries.

Once we receive the required documents, we'll do everything reasonable to process the claim efficiently and fairly.

Insurer

The Insurer provides the insurance cover (where applicable) and is responsible for assessing and paying eligible insurance claims. We'll work closely with them to ensure approved claims are paid as quickly as possible.

Our claims philosophy

Our claims philosophy sets out our overall approach to managing claims in a respectful and empathic way for each unique claim.

Our approach is to:

- communicate clearly and treat all claimants and beneficiaries with respect and empathy;
- do everything reasonable to pursue insurance claims that we consider have a reasonable prospect of success; and
- make prompt payments on successful claims.

A word about tax

As tax law is complex, we recommend that you contact your tax adviser for further details and expert advice in relation to your circumstances.

What's next?

In the following pages of this guide, you'll find claims process information to help you understand what's required to make a claim and what's involved at each step of the claims management process.

Our claims process

Our claims process typically has five key steps when making a claim.

The below diagram is a high-level summary of our claims process. Depending on the complexity of your claim there may be some additional steps that will need to take place before the death benefit is paid.

Process steps



How long will it take to process a death benefit claim?

We're committed to supporting you during the claims process with care and transparency. While we aim to process claims as quickly as possible, the time it takes can depend on several factors.

- **Multiple claims:** If there are multiple potential beneficiaries, such as from blended families or previous relationships, it may take longer to assess all claims.
- **Incomplete or missing information:** Delays can occur if the required forms and documents are not submitted promptly.
- **Unclear dependant status:** Determining who qualifies as a dependant under super law can sometimes be complex.
- **Conflicting information:** Discrepancies in statements about the deceased member's relationships or financial support can lead to additional review time being required.
- **Missing contact details or identification:** If we can't reach a potential beneficiary, or don't have valid identification, it can delay the claim.
- **Disagreements or objections:** If there's a dispute between claimants, or if someone objects to the decision about how the benefit will be paid, we may need to conduct a further review. In some cases, the matter may be referred to the Australian Financial Complaints Authority (AFCA), which can extend the time it takes to finalise the claim.

We will keep you informed with regular updates throughout the process. If you have any questions, please contact us.

Our claims process continued

Are you in a vulnerable situation?

We understand that dealing with a death claim can be emotionally and financially overwhelming—especially during times of distress or hardship.

If you're experiencing vulnerability, you can contact us on 1800 517 124 to speak with a team member who can help guide you through the claim process.

Vulnerability factors could include:

- grief or emotional stress
- financial difficulty
- illness or disability
- family or domestic violence
- language or cultural barriers, or
- age-related challenges.

Step 1: Contact us

To start a claim, call us on 1800 517 124 and we'll ask you a few questions to help you choose the best way to make a claim.

We can help you with the claims journey by assisting you to complete claim forms or advising how to provide claim information.

If you don't speak English (or have limited English), we offer translating and interpreting services at no additional cost. If you're deaf, hard of hearing or have a communication difficulty, you can contact us through the National Relay Service.

Step 2: Claim submission

We'll ask you some initial questions to make sure we send you the right documents, along with a claims pack and checklist on what you'll need to provide.

If you need help understanding the claims process, completing claim forms or providing requested claim information, we'll work with you and the Insurer (where applicable) to find a solution.

Remember, it's important to provide complete and correct details when completing the forms in your claims pack.

Any information we collect will be handled in accordance with our Privacy Policy which can be found at myexpand.com.au

Step 3: We receive and acknowledge your claim

When we receive your completed documents, we'll:

- acknowledge receipt of your claim,
- check if it contains all the required information, and
- if the account had insurance, we'll conduct an eligibility assessment to claim death insurance and either:
  - refer the claim to the Insurer, or
  - tell you why you cannot make an insurance claim and give you a chance to respond.

If we need more information or believe you aren't eligible to claim insurance, we'll contact you. When we have all the information needed and we're satisfied you may be eligible to claim, we'll send your claim documents to the Insurer.

If the deceased member's super account doesn't have insurance cover, please go to step 5.

Step 4: Insurer assessment (if the account had insurance)

When the Insurer receives your claim documents, they will appoint a dedicated claims assessor to manage your claim. The Insurer may need more information to assess the claim. We or the Insurer will let you know if that's the case.

You'll receive updates throughout the claims process. Of course, you can contact us at any time if you have questions.

Once the Insurer has made a decision about your claim, they will refer the decision to us for review. We may return the claim to the Insurer, for example, if we have questions or do not agree with the Insurer's decision.

Once we're satisfied with the Insurer's decision, we'll confirm the outcome of your claim in writing.

Step 5: Trustee decision and payment

We'll review the information from claimants and decide who is eligible to receive the benefit.

Where there's a valid binding nomination, generally, we're legally bound to pay the death benefit as per the nomination. If there isn't a binding nomination, we'll need to make a decision based on the rules in the Fund's Trust Deed and super law.

You may object to the decision. If there are no objections, we will make payment as soon as possible after the decision.

For more information on the Trustee review and determination process, please see the next page.

Understanding how super death benefits are paid

Who can receive a death benefit?

By law, a super fund trustee can generally only pay a death benefit to:

- a dependant of the deceased (such as a spouse, child, or someone financially dependent on them), and/or
- their legal personal representative (usually the executor or administrator of the estate).

If no eligible person is found after reasonable efforts, we may consider other individuals to receive the payment.

Types of nominations

Sometimes, the deceased member may have nominated who they want their super to go to. There are different types of nominations that we've outlined below.

Binding nomination: This is a formal nomination that must be followed, as long as it's valid at the time of death.

Non-binding nomination: This type of nomination shows the deceased member's preference, but it isn't legally binding. The Trustee will consider this along with other personal circumstances before deciding who will receive the death benefit.

No nomination: If no nomination was made, the Trustee will decide who should receive the death benefit, based on the law, the rules in the Fund's Trust Deed and the person's circumstances at the time of death.

What happens if there's no binding nomination?

If there's a non-binding nomination— or none at all—we consider a range of factors when determining how to pay the death benefit, including:

- whether the deceased member had any dependants;
- the deceased member's will;
- submissions made by potential beneficiaries; and
- submissions made by any other person, if a dependant or legal personal representative can't be found.

Here is what usually happens:

Step 1: Identifying potential beneficiaries

We'll make reasonable efforts to identify anyone who might be eligible to receive the benefit. This process can take some time, especially if multiple people are involved.

Step 2: Making a proposed decision

Once we've gathered all the necessary information, we'll notify all relevant parties in writing of the proposed distribution of the death benefit. The relevant parties will have 28 days to raise any objections. This process is called "Claim Staking".

Step 3: If someone objects

Claim Staking is used in certain circumstances only and may not be required where the benefit amount is small or in cases where there is only one possible dependant.

If an objection is received during the Claim Staking period, we'll:

- review the objection and reassess the decision
- notify potential beneficiaries that an objection has been received
- maintain the original decision (final decision) or make a new proposal and allow another 28 days for objections.

Step 4: Final decision

Following the Trustee making a final decision at Step 3, if any potential beneficiary disagrees with the final decision, they may be able to make a complaint to the Australian Financial Complaints Authority (AFCA).

Step 5: Claim payment

Once the Trustee has made a final decision about who will receive the death benefit, and any objections or complaints (including to AFCA) have been resolved, the payment will be made according to the final decision.

Further information about how complaints are resolved can be found in the Raising concerns or complaints section.

Frequently asked questions

These questions and answers are here to provide you with additional information about how death benefit claims work, who might be eligible to receive a super death benefit and what to expect along the way. If you're not sure about something or need support, please don't hesitate to contact us – we're here to help.

Getting started

When should I make a death benefit claim?

It's best to lodge a claim as soon as possible after the person has passed away. Starting early helps to avoid delays in the process.

Do I need legal documents like a Grant of Probate or Letters of Administration to start the claim?

A Grant of Probate or Letters of Administration is a legal document issued by a court. It gives the person responsible for managing the estate—known as the executor or administrator— the authority to deal with the deceased person's assets, including their super.

You don't need these documents to start a death benefit claim. However, we may request them later—especially if the benefit is to be paid to the estate rather than directly to a dependant.

If you're unsure whether you'll need to provide these documents, just give us a call and we can help guide you through it.

Who can receive the death benefit?

Who is considered a dependant?

A dependant of the deceased member can be:

- their spouse (including a de facto partner who lived with the deceased member on a genuine domestic basis)
- their children (including stepchildren, adopted children or children from a partner)
- someone who was financially dependent on the deceased member, or
- someone who was in an interdependency relationship with the deceased member.

What is a financial dependant?

Generally, this is someone who relied on the deceased member for financial support— such as help with money, housing, food or other basic needs.

What is an interdependent relationship?

An interdependency relationship is a close, committed relationship where two people rely on each other for support—emotionally, personally and often financially.

To be considered interdependent, the people involved usually:

- had a close personal relationship
- were living together (unless temporarily living apart)
- one or each of them provided the other with financial support, and
- one or each of them provided the other with domestic support and personal care.

In certain circumstances, the requirement to live together may not apply. For example, if either party suffers from a physical, intellectual or psychiatric disability.

Claim outcomes and payments

What are the payment options if the death claim is approved?

If a claim is approved, the death benefit can usually be paid:

- as a lump sum, or
- as a pension (if applicable).

We recommend getting financial advice before making a decision, as the best option may depend on your personal situation.

Do you need a lawyer?

You are not required to engage a lawyer to make a claim. We aim to make the process as simple as possible. But you're welcome to get legal help if you'd feel more comfortable doing so.

Documents and support

Where can you find the insurance policy?

If you'd like a copy of the Insurance Policy, please call us on 1800 517 124.

Are you an Aboriginal or Torres Strait Islander person?

Let us know if you identify as a First Nations person so we can provide you with the right support during the claims process. We can help with language services and offer flexible ways to confirm your identity if you don't have standard ID.

Raising concerns or complaints

How do you make a complaint?

You can make a complaint by:

- calling us on 1800 517 124
- emailing us at expandinsurance@myexpand.com.au
- write to us at GPO Box 264, Melbourne VIC 3001.

We'll review your complaint and respond to you in writing.

What if you're not happy with the outcome?

If you don't receive a response to your complaint within 45 days (or 90 days for certain death benefit-related claims) or if you're not satisfied with our response to your claim, you may be able to lodge a complaint with AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Here's how to reach AFCA:

Phone: 1800 931 678 (free call)

Email: info@afca.org.au

Website: afca.org.au

Mail: GPO Box 3, Melbourne VIC 3001

Where can you find our complaints policy?

You can read our full complaints management policy at myexpand.com.au

Contact us

Postal address
Expand
GPO Box 264
Melbourne VIC 3001

Telephone
1800 517 124

Email
expandinsurance@myexpand.com.au

Website
myexpand.com.au

Service Operator
Navigator Australia Limited
ABN 45 006 302 987
AFSL 236466

Registered address
Level 1, 800 Bourke Street
Docklands VIC 3008

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