



Claim for Pension by a Widow, Widower or other Dependant of a Deceased Veteran

Ex-service organisations

Ex-service organisations (ESO) are able to assist you in completing this form.

You can use the advocacy register at <https://www.advocateregister.org.au/> to search for an ESO or find an advocate in your area.

For more information, visit www.dva.gov.au/advocacy-representation-advice.

When to use this form

A claim may be made by:

- a widow
- a widower
- another dependant
- another person on behalf of the widow, widower or other dependant
- a widow(er) who was in receipt of a War Widow(er)'s Pension which was lost when they remarried prior to 1984.

Claims for children aged less than 18 years must be made by the child's parent or guardian, or by another person authorised by the parent or guardian.

If War Widow(er)'s Pension has not been previously granted, the claim will be granted if the veteran's death is determined to have been related to service.

If you are a dependant of a member who had service on or after 1 July 2004 please complete D2053 "Claim for Compensation for Dependants of Deceased Members and Former Members".

NOTE: If the veteran was an ex-Prisoner-of-War, or was receiving disability compensation payment at the Special Rate (TPI), Temporary Special Rate (TTI), Intermediate Rate (IR) or the Extreme Disablement Adjustment (EDA) at the time of death, you should contact the Department of Veterans' Affairs for advice before proceeding to complete this form, as a formal claim may not be required.

How to fill in this form

You can fill in and sign this form digitally using Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form.

If you have printed the form:

- use black or blue pen
- print in BLOCK LETTERS.

If you cannot answer all of the questions, fill in as much as you can and contact us for assistance.

If you are asked to provide copies of documents, you must provide certified copies or original documents which can be sighted and verified by a Department of Veterans' Affairs (DVA) officer.

Proof of identity

When you lodge a claim with us you must prove your identity. You can establish your identity by providing original documents or certified copies from our approved list.

Applicants in payment prior to 4 January 2005 have already satisfied DVA's proof of identity requirements and do not need to again.

Find out more at www.dva.gov.au/poi.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Go to www.dva.gov.au/privacy to find out more about how DVA manages personal information.

How to contact us

Please call **1800 VETERAN (1800 838 372)** during business hours.

You can also contact us by mail. Please address your correspondence to:

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

PART A**Representative's details**

To be completed only if you wish to nominate a representative to act for you in matters relating to this application

1 Do you wish to nominate a representative or organisation to act for you in matters related to this claim?

No ☐ ► Go to **Question 2**

Yes ☐ ► Full name of nominated representative

Organisation (if applicable)

Is the representative trained under the Training and Information Program (TIP), or Advocacy Training and Development Program (ATDP)?

No ☐

Yes ☐ ► To what level?

Address

<input type="text"/>
<input type="text"/>

POSTCODE

Telephone

Home

Work

Mobile

Facsimile (if applicable)

E-mail address (if applicable)

PART B**Deceased veteran's personal details**

2 DVA file number (if known)

3 Surname

4 Given name(s)

5 Date of birth

6 Date and place of death

If you are reapplying for a War Widow(er)'s Pension lost when you remarried prior to 1984 proceed to question 10.

7 Was a Post Mortem held?

No ☐

Yes ☐

Not sure ☐

8 Cause(s) of death



Please attach a copy of the death certificate as confirmation of the cause(s) of death.

9 Service number(s) and branch of service (where applicable)


Service number

<input type="text"/>
<input type="text"/>


Branch (e.g. Army)

<input type="text"/>
<input type="text"/>

PART C**Claimant's details**

10 Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
11 Surname	<input type="text"/>				
12 Given name(s)	<input type="text"/>				
13 Address	<input type="text"/>				
	<input type="text" value="POSTCODE"/>				
14 Date of birth	<input type="text" value="/ /"/>				
15 Telephone	Home	<input type="text" value="()"/>	Work	<input type="text" value="()"/>	
	Mobile	<input type="text"/>	Facsimile	<input type="text" value="()"/>	
	E-mail address	<input type="text"/>			
16 Your relationship to the veteran at the time of death	Legal spouse <input type="checkbox"/>	Date of marriage	<input type="text" value="/ /"/>		
	Divorced <input type="checkbox"/>	Date of divorce	<input type="text" value="/ /"/>		
	De facto <input type="checkbox"/>	Date of commencement of relationship	<input type="text" value="/ /"/>		
 Please attach a copy of your marriage certificate or evidence of your relationship with the deceased veteran, unless you have previously supplied this material to the Department.					
17 Next of kin's name	<input type="text"/>				
18 Next of kin's address	<input type="text"/>				
	<input type="text" value="POSTCODE"/>				
19 Next of kin's relationship to claimant	<input type="text"/>				
20 Next of kin's telephone numbers	Home	<input type="text" value="()"/>	Work	<input type="text" value="()"/>	
	Mobile	<input type="text"/>	Facsimile	<input type="text" value="()"/>	
	E-mail address	<input type="text"/>			

If you are reapplying for a War Widow(er)'s Pension lost when you remarried prior to 1984 proceed to question 30.

21 Have you married or entered into a de-facto relationship since the veteran died?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Date of marriage/ Date entered into a de-facto relationship	<input type="text" value="/ /"/>
22 Give details of dependent children under 25 years of age.	 Please attach a certified extract of birth certificate showing names of both parents or adoption order in respect of each child named in this claim. If the deceased veteran was not the parent, attach evidence that the children were wholly or substantially dependent on the veteran immediately before the veteran's death.			

Full name(s)	Date of birth	Present address	Is full-time education undertaken?
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>		<input type="text" value="POSTCODE"/>	

PART D**Information relating to the claim****23 Was the deceased veteran a prisoner of war?**No ☐ ► Go to **Question 24**Yes ☐ ► Give details of detention below (if known), then go directly to **Question 28**

Country of detention (POW camp name if known)	Period of detention
<input type="text"/>	from <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>

24 Give the names of any doctors, hospitals and nursing homes who provided treatment for any disease or injury that was related to the veteran's death

Condition treated (diagnosis if known)	Date of treatment	Name of doctor/hospital/nursing home etc.	Type of consultation (e.g. GP, specialist)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

25 Give details of the veteran's local doctor

Name

Address

<input type="text"/>
<input type="text"/> POSTCODE

Telephone

 () **26 Give details of the veteran's service history**

If the veteran had claimed a disability compensation payment from DVA, you do not need to provide this information, please go to **Question 27**.

You may provide a copy of the veteran's discharge certificate or any other information you have relating to the veteran's postings or movements. If you don't have any such documents, please provide as much information as you know below. DVA will request information about the veteran's service from the Department of Defence, so there is no need to request the information if you don't have it.

Place and country of service	Unit, Squadron or Ship	Period served (show actual dates, if known)	Nature of duties
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

27 How do you believe the veteran's service caused or contributed to his or her death?

Where at all possible, please attempt to address the factors in the Statements of Principles that cover the condition named on the death certificate as the cause of death, and/or any contributing factors.

PART E

Tobacco and Alcohol

IMPORTANT - Some conditions may be caused, contributed to or aggravated by tobacco or alcohol consumption. If you believe that tobacco or alcohol consumption is relevant to any of the causes of death, more information may be needed by the person handling your claim. Please tick the relevant boxes below so that the correct questionnaire can be sent to you or your representative.

28 Did the veteran ever smoke?

No ☐

Yes ☐ ► What type of tobacco product did the veteran use?

Cigarettes (includes ☐ Pipe ☐ Cigars ☐
tailor-made and roll your own)

29 Did the veteran ever consume alcohol?

No ☐

Yes ☐

PART F

Compensation

30 Have damages/compensation been claimed or received from any other source in respect of the veteran's death (e.g. Comcare, Department of Defence, third party insurance, workers' compensation)?

No ☐

Yes ☐ ► Give details below

Name and address of compensation source	Date of claim	Reference No.
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

PART G**Other payments****31 Do you or any other dependants named in this claim receive, or have you ever received or applied for, any payment from Centrelink or another source other than superannuation?**

(Family tax benefit payments are not required but other Centrelink payments, Youth Allowances etc. must be included).

No ☐Yes ☐ ► Give details below

Name of person	Name of source	Type of payment	Date of claim	Reference No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

32 Has any claimant named on this form been known by any other name(s) (e.g. before marriage, previous marriages, deed poll)?No ☐Yes ☐ ► What was the name(s)?

<input type="text"/>
<input type="text"/>
<input type="text"/>

PART H**Pension payment details****33 Do you currently receive a pension from the Department of Veterans' Affairs?**No ☐Yes ☐ ► Go to **Question 36** - Please read the "Important" notice above the question

IMPORTANT - If a pension is granted, it will be paid fortnightly into an account at an Australian bank, credit union or building society.

34 Provide details of the Australian account you want your pension to be paid into

Name of bank, credit union or building society

Account in the name of

Account number

BSB number (if known)

Tax File Number

To help ensure that pensions are only paid to eligible persons, we compare our records with those of other government agencies. Your Tax File Number is used for this purpose.

All matching programs are monitored by the Privacy Commissioner who ensures that they are conducted in accordance with the *Data-matching Program (Assistance and Tax) Act 1990* and Guidelines.

Access to your Tax File Number is restricted. If you lose or forget your number, you will need to contact the Australian Taxation Office (ATO).

For more information about tax and your pension, contact your nearest ATO or DVA.

Once we have recorded your Tax File Number, it will be removed from this page to ensure that your Tax File Number remains confidential.

35 What is your Tax File Number?

Your tax file number is not required if you currently receive a pension from DVA.

Fill in **ONE** of **A** or **B**

A My Tax File Number is

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B I do not have or do not know my Tax File Number ☐

(DVA can help you get your Tax File Number from the Australian Taxation Office - you must complete a *Tax File Number application or enquiry* form NAT 1432 available at

<https://www.ato.gov.au/forms-and-instructions/tfn-application-or-enquiry-for-individuals-instructions>)

Important information

If you are granted a War Widow(er)'s Pension then Services Australia – Centrelink or DVA will cancel any income support pension or benefit you are receiving.

You may qualify for the Income Support Supplement (ISS). ISS is a means-tested payment (income and asset tested) that is paid by DVA to eligible war widows and widowers in addition to their War Widow(er)'s Pension or MRCA benefits. It was introduced to enable them to receive all their payments from DVA.

A requirement for ISS is that you are an Australian resident and physically in Australia when you lodge your claim. There is no age restriction on eligibility for ISS.

Invalidity ISS paid to a person who is under Social Security Age Pension age (67 years) is non-taxable income.

To be eligible for invalidity ISS you must be permanently incapacitated for work. To be considered permanently incapacitated for work you must meet one of the following criteria:

- That you are permanently blind in both eyes (even if you are still working), or
- That you have a physical, intellectual or psychiatric disability and all of the following apply:
 - The disability(ies), assessed at 20 points or more under the Impairment Tables in Schedule 1B of the *Social Security Act 1991*.
 - You are unable to work for at least 30 hours a week.
 - The disability(ies) alone prevent you from working for the next 2 years.

Further information about ISS eligibility can be found on the DVA website at www.dva.gov.au

36 Do you wish to claim for the ISS in addition to War Widow(er)'s Pension?

No ☐ ► Go to **Question 45**

Yes ☐ ► Go to **Question 37**

Note: If you are already receiving a Service Pension from DVA, you do not need to claim ISS. Your entitlement to ISS will be automatically assessed if War Widow(er)'s Pension is granted.

Make sure you have completed your TFN at Question 35.

If you have been receiving a pension or benefit from Centrelink, it will be cancelled and you must tick "Yes" box above to claim ISS.

37 Do you currently receive an income support payment from DVA or Centrelink?

This includes for example, Age Pension, Disability Support Pension, ABSTUDY and payment under the New Enterprise Incentive Scheme (NEIS).

No ☐ ►



You will need to complete and return to DVA **Claim for Service Pension or Income Support Supplement Part B - Income and Assets - (D648)**. This form will be sent to you or your representative.

Go to **Question 38**

Yes ☐ ►

Current information on your income and assets will be used to assess pension payable but you may be contacted if additional details are needed.

Go to **Question 38**

38 Are you applying for ISS on the basis of invalidity?

No ☐ ► Go to **Question 40**

Yes ☐ ► Invalidity ISS paid to a person who is under Social Security Age Pension age is non-taxable income. Go to **Question 39**

39 On what basis are you applying for invalidity?

Invalidity (Blind) ☐ ►



Attach a report from an ophthalmologist giving details of the degree of visual impairment.

Invalidity (Other) ☐ ►



You will need to complete an additional form. This form will be sent to you or your representative.

Pension Bonus Scheme

40 Are you a registered member of the Pension Bonus Scheme?

No ☐ ► Go to **Question 41**

Yes ☐ ► You must claim the Pension Bonus when you apply for income support supplement.



You will need to complete and return to DVA the **Claim for Pension Bonus** form (**D559**). This form will be sent to you or your representative.

Go to **Question 41**

41 Are you:

An Australian citizen ☐

The holder of a permanent visa ☐

The holder of a special purpose visa ☐

The holder of a special category visa ☐



If you are the holder of a permanent visa, special purpose visa or special category visa, attach a copy of documents that show that you are legally allowed to remain in Australia – for example, passport showing your visa.

42 Are you living permanently in Australia?

No ☐ Yes ☐

43 Were you born in Australia?

No ☐ ► Country of birth

When did you first arrive in Australia?

 / /

How long have you lived in Australia?

 years months

Yes ☐ ► Have you ever lived overseas?

No ☐ ► Go to **Question 45**

Yes ☐ ► Go to **Question 44**

44 Have you moved to or returned to live in Australia in the last 12 months?

No ☐ Yes ☐

PART J

Acknowledgement and Declaration

45 This declaration must be signed by you (the claimant) or your legal representative if you cannot sign it yourself

I understand that:

- any information I provide in relation to this form will be handled in accordance with the Privacy notice on page 1.
- I must advise DVA if I receive any monies by way of third party damages in relation to that injury, disease or illness which is the subject of this claim for compensation.
- giving false or misleading information in applying for a benefit from the Commonwealth is a serious offence and may lead to prosecution by the Commonwealth or its legal representatives.
- any compensation monies which I may be paid as a result of any false or misleading claim or statement will be recovered by DVA.

I declare that:

- the information I have supplied on this form and on any other attachments is true and correct.

Claimant's full name

Claimant/legal representative's signature



Date

The legal representative must also complete **Part K**.

46 This declaration must be signed by the representative nominated in Part A (if any)

I declare that:

- I have helped the claimant complete this claim form, and
- all the information accurately reflects the claimant's statements and intentions.

Representative's signature



Date

PART K

Legal representative's authority to act

Complete the details of the person who is legally authorised to act either:

- on behalf of the claimant, or
- on behalf of the estate in relation to the claiming of funeral benefits.



Attach a certified copy of:

- enduring Power of Attorney, guardianship papers or other authorisation to act (if you're acting on behalf of the claimant).
- the will, probate or letter of administration (if you're acting on behalf of the deceased).

47 Legal representative's surname

48 Given name(s)

49 Address

POSTCODE

50 Contact details

Phone

Mobile

E-mail address

Preferred contact method

Phone

☐

SMS

☐

Email

☐

51 Legal representative's signature



Date