



## Bereavement Grant Application Form

SA Police Legacy Inc. – ABN 57 768 418 030  
50/81 Carrington St, ADELAIDE SA 5000, Tel 08-8232 5513

SA Police Legacy will provide financial support in the form of a \$1 000 Bereavement Grant to serving sworn members when there is a bereavement of a non-police spouse/partner, child or dependent within their household.

Eligibility criteria applies as follows;

1. The member applying (the member who is bereaved) must be currently serving and be a sworn member of South Australia Police;
2. The member must have lost a member of their household who is either their non-police spouse/partner/defacto, their child or their dependent (as defined in our Constitution); and
3. Provision of a death notice or funeral notice is received.

If you have any queries about the application process please contact Bernadette Sahb, Liaison Officer, Members & Young Legatees, on 8232 5513 or by email: [bernadette@policelegacysa.org.au](mailto:bernadette@policelegacysa.org.au).

**Please complete all fields and return by email or post.**

### 1. Member Details

Name:	_____
Position & Branch:	_____
Date of Birth:	_____
Address:	_____ _____ _____
Phone:	_____
Email:	_____
Do you have children?	If so, please list names and dates of birth: _____ _____

### 2. Deceased Person's Details

Name:	_____
Date of Birth:	_____
Date of Death:	_____
Relationship to Member:	_____
Resided at Member's address:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Death Notice or Funeral Notice attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Member's Bank/Credit Union Details

Please provide your Bank/Credit Union account details for direct transfer of the \$1 000 Bereavement Grant.

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Bank/Credit Union: \_\_\_\_\_

### 4. Disclaimer by Applicant

I declare that the information provided on this form is true, accurate and complete.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed application form via:**

email to: Liaison Officer, Members & Young Legatees at: [info@policelegacysa.org.au](mailto:info@policelegacysa.org.au)

Or by post to: SA Police Legacy, PO Box 6514, Halifax Street, Adelaide SA 5000

### Treasurer's Use Only

Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method: \_\_\_\_\_