



## Bereavement Grant Application Form

SA Police Legacy Inc. – ABN 57 768 418 030  
286 Gilbert 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: [bernie@policelegacysa.org.au](mailto:bernie@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:  Yes  No  
Copy of Death Notice or Funeral Notice attached:  Yes  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, 286 Gilbert St, Adelaide SA 5000

### Treasurer's Use Only

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