



## 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 \$2 000 Bereavement Grant to serving sworn members when there is a death of a current spouse/partner, child or dependent within their household.

Eligibility criteria apply 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 current spouse/partner/defacto, their child or their dependent (as defined in our Constitution);
3. Application must be made within 12 months of the death; and
4. Provision of a death notice, funeral notice or declaration from a serving Police Officer 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/ Funeral Notice/Police Officer declaration attached: ☐ Yes ☐ No

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

Please provide your Bank/Credit Union account details for direct transfer of the \$2 000 Bereavement Grant.

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

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

Account Number (include 'S' account if PCU): \_\_\_\_\_

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: \_\_\_\_\_