

REPORTING THE DEATH OF A SACA MEMBER

If you wish to notify SACA of the death of a member, please complete the form below and attach copy of the Death Certificate. Please send attention to Member Services, **PO Box 545, North Adelaide, SA 5006** or email membership@saca.com.au.

Name of deceased Member _____

Member Number _____

Postal Address _____

I have attached the Death Certificate to this form

Please complete **either** Section One or Section Two

OPTION ONE – PLEASE CANCEL THE DECEASED MEMBER’S MEMBERSHIP

Please cancel the deceased Member’s membership. I do not wish for the membership to be transferred to a surviving spouse

Name of person completing this form _____

Contact Number _____ Email _____

Signature _____ Date _____

OPTION TWO – PLEASE TRANSFER THE MEMBERSHIP TO A SURVIVING SPOUSE

On the death of a SACA Member, membership can **only** be transferred to a surviving spouse.

I wish for the membership to be transferred to the surviving spouse (fill out details below)

Transfer of membership to the surviving spouse:

Spouse’s Name _____ Date of Birth _____

Postal Address _____

_____ Post Code _____

Residential Address (If different from postal) _____

_____ Post Code _____

Email address _____

Home Number _____ Mobile Number _____

I declare that I am the surviving spouse of the deceased member and wish to takeover membership

Signature of surviving spouse _____ Date _____