



**ASIC**  
Australian Securities &  
Investments Commission

# Delivering on death benefits: Have super trustees stepped up?

Report 831 | June 2026

## About this report

This report follows on from Report 806 *Taking ownership of death benefits: How trustees can deliver outcomes Australians deserve*. It provides an update on the reported progress by superannuation trustees in improving their handling of death benefit claims.

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# Executive summary

## Taking steps towards better death benefit outcomes for Australians

Australia's ageing population means the rate of death benefit claims is only going to rise. Trustees need to ensure their governance, processes and communication can handle increasing volumes in a fair and efficient manner that meets the expectations of their members and beneficiaries.

In March 2025, we released Report 806 *Taking ownership of death benefits: How trustees can deliver outcomes Australians deserve* ([REP 806](#)), which outlined observations of both good and poor practices from the first phase of our multi-year member services review which focused on death benefit claims handling. The report listed 34 actions all trustees should consider to improve their claims handling practices and ensure they are delivering the services Australians reasonably expect from a superannuation fund.

We have also taken enforcement action against two trustees in relation to their death benefits claims handling practices:

- › In March 2025, we commenced civil penalty proceedings against AustralianSuper alleging delays in the processing of death benefit claims: see Media Release ([25-034MR](#)) *ASIC sues AustralianSuper alleging significant death benefit claims failures* (12 March 2025).
- › In November 2025, we secured a \$23.5 million penalty against United Super, the trustee for the Construction and Building Unions Superannuation Fund (Cbus), for serious failures in processing member death benefits and insurance claims: see Media Release ([25-286MR](#)) *Cbus ordered to pay \$23.5 million penalty for serious failures in processing members death benefits and insurance claims* (25 November 2025).

Given the gravity of our concerns, we made a commitment in November 2024 to check in on the progress all superannuation trustees were making in improving their death benefit claims handling practices: see our [letter to CEOs of superannuation trustees](#) (CEO letter) (PDF 1 MB). Following the release of REP 806, we again flagged our intention to review trustee progress.

In November 2025, we commenced our industry-wide review. We issued compulsory notices to 45 trustees, asking a series of questions about their actions to uplift death benefit claims handling.

Our findings from the responses in this follow-up report reveal that most trustees reported taking steps to uplift their death benefit claims handling practices and are committed to taking further action. However, some trustees have demonstrated lower levels of maturity and urgency in effectively considering and responding to our findings. This has affected overall progress in several areas where we would have expected to see additional improvement.

We have observed a reduction in the number of complaints to trustees about death benefit claims delays, noting that internal dispute resolution data submitted to ASIC shows a 53% fall in complaints from early 2024 to late 2025. We have also observed modest improvements in claims handling times, with trustees experiencing higher claims volumes.

However, there is still considerable work to be done by trustees to meet the expectations of members, beneficiaries and the broader community.

## Key findings

While we acknowledge reported progress, there are many areas where trustees need to improve their claims handling practices. We again found that most of the areas where further improvements could be made were well within the trustee's control.

### **Evidence of modest progress in timeframes for processing claims, but more work is needed**

While the data reported by trustees shows some improvement in death benefit claims processing times, more work is required to improve overall efficiency. Trustees of all sizes should be factoring in the potential for additional claims volumes to ensure their resourcing and solutions deliver the required improvement in handling times. Trustees must focus their efforts on uplifting critical aspects of their claims handling, such as resourcing and process efficiencies, to better manage increasing claim volumes.

### **Attention should be given to more effectively measure claim handling performance**

Results relating to the introduction of performance metrics for death benefit claims varied significantly across the industry. Some trustees have introduced objective performance metrics for processing death benefit claims. Concerningly, other trustees failed to introduce basic metrics covering end-to-end claims handling times, even where they could track end-to-end times. Trustees should factor in member expectations and claimant needs when developing metrics that allow them to meaningfully assess consumer outcomes.

### **Trustees should continue to consider how they can streamline the processing of low-value and low-risk claims**

While most trustees undertook a review of their risk appetite for handling death benefit claims, responses showed varying degrees of improvement being made to streamline the processing of low-value and low-risk claims. Trustees should continue to evaluate their approach to these claims and determine whether they have done enough.

### **Trustees should do more to encourage members to make valid binding nominations**

Responses showed that most trustees ran a campaign aimed at encouraging members to make a binding nomination. However, some funds continued to rely on less proactive measures, including annual statements. Given the impact a binding nomination has on death benefit claims handling times, trustees can and should do more to better support and encourage their members to make valid binding nominations.

### **Support for First Nations members and claimants should be further enhanced**

Responses showed this is also an area that requires further consideration and action by trustees. While many trustees are better leveraging, or plan to better leverage, existing data sources to identify their potential First Nations membership, there remains an opportunity to enhance the ability to collect identifying data directly from First Nations members and claimant.

## Trustees need to address their shortcomings and consider better practice examples

Trustees should review the findings in this follow-up report, including the examples of better practice, and consider whether further improvements can be made for their members and claimants.

Trustees should also assure themselves that they have effectively engaged with, and implemented an appropriate response to, our report and take action where they have fallen short.

The Australian Government has announced plans to introduce mandatory and enforceable service standards for all large superannuation funds regulated by the Australian Prudential Regulation Authority (APRA): see The Hon Stephen Jones MP, Assistant Treasurer and Minister for Financial Services, and The Hon Jim Chalmers MP, Treasurer, [Mandatory service standards for the superannuation industry](#), joint media release, 28 January 2025. The new standards will initially target critical areas where complaints data shows the greatest need for improvement, such as the timely and compassionate handling of death benefit claims.

Two years ago, we first called on trustees to urgently consider whether their arrangements for managing death benefit claims were fit for purpose: see [Improving superannuation member services – Dealing with death benefit claims](#). We again urge all trustees to not only take greater ownership of death benefit claims practices but also their overall member service delivery. In support of this, trustees need to enhance their use of complaints and other relevant data sources to identify and address emerging risks and issues without the need for regulatory intervention.

## **We remain committed to holding superannuation trustees to account**

Supporting better retirement outcomes and member services remains one of our key strategic priorities.

As detailed in our [Corporate Plan 2025–26](#), broader work aimed at driving improved services for superannuation fund members continues. We have commenced the next phase of our multi-year member services review, focusing on how trustees use complaints data to identify and address systemic issues and improve service delivery. We expect to publish a report on our findings later this year.

As for death benefit claims, we will continue to monitor trustees' progress in improving death benefit claims handling practices.

Holding superannuation trustees to account for member service failures continues to be one of our enforcement priorities. Where we identify non-compliance, we will consider the full range of regulatory tools available, including enforcement action.

# Death benefits claims handling follow-up review

Trustees reported engaging with the observations and recommendations in Report 806 and taking steps to strengthen death benefit claims processes. **However, there is more work to be done.**

## Reported improvements



### End-to-end visibility

Trustees have implemented (or are implementing) tracking for end-to-end claims handling times and the age of open death benefit claims.



### Board oversight uplifted

Nearly all trustees provided enhanced reporting to boards on death benefit claims handling.



### Policies and processes reviews

Most trustees reviewed (or intend to review) claims handling policies and processes – many making changes as a result.

## Claims experience



**53%** fall

in internal dispute resolution complaints about death benefit claims delays (early 2024 to late 2025).



Trustee data indicates modest improvements in claims handling times alongside trustees experiencing higher claims volumes.

## Outlook



**Claims volumes are rising** and numbers are expected to continue increasing.



## More work to be done

**Inconsistent maturity** – Not all trustees have shown the same urgency or maturity in responding to Report 806:



**Performance metrics** – Trustees should measure end-to-end claim times and hold themselves to account by setting performance targets that align to positive claimant outcomes.



**Risk appetite and low value/risk claims** – Trustees should take responsibility for their own risk appetite and customer impact in the processing of low-value and low-risk claims, especially the practice of claims staking.



**Member and claimant communications** – Trustees should treat their members and claimants as customers, helping with proactive communications about the most important steps (e.g. making a valid binding death benefit nomination). This is of heightened importance where there are language and communication barriers.



**First Nations members and claimants** – Trustees should enhance their support for First Nations members and claimants, including updating identification and other practices that produce sub-optimal outcomes.



## Call to action

Trustees should take appropriate action now and regularly review practices, complaints data and claims handling times to ensure member and claimants' expectations are met as volumes grow.

# Background

The way superannuation trustees approach their interactions with people can have a significant impact on their lives. For this reason, in 2024, we commenced a multi-year project looking at industry practices and compliance with laws relating to trustee administration and contact centres.

We chose to focus on death benefit claims handling practices as the first phase of our project after observing a concerning rise in reports of service failures for death benefit claims and a steep increase in death benefit complaints to the Australian Financial Complaints Authority (AFCA).

In March 2025, we released [REP 806](#), which outlined observations of both good and poor practices from our review of death benefit claims of 10 trustees (reviewed trustees) over the two-year period ending 31 March 2024. This followed an earlier CEO letter in November 2024, highlighting the need for trustees to assess their death benefit claims handling practices and address deficiencies as a priority. In May 2024, we also published an article [Improving superannuation member services – Dealing with death benefit claims](#).

[REP 806](#) included a list of 34 actions all trustees should consider to improve their claims handling practices and ensure they are delivering the services Australians reasonably expect from a superannuation fund.

Following the release of the report, we issued compulsory notices on 45 superannuation trustees to review industry progress in uplifting death benefit claims handling.

**Note:** See Appendix 1 for a list of all the superannuation trustees and their relevant fund considered in this review.

We asked trustees to respond to a series of questions exploring what actions they took in the period between 20 November 2024 and 20 November 2025 (review period) to consider and respond to the findings outlined in ASIC's publications. This included seeking details of further planned improvements. We chose 20 November 2024 as the commencement of our review period as this was the date we published our CEO letter, which put all trustees on notice regarding the need to improve their death benefit claims handling practices.

We also asked trustees to provide us with data on the age of their open and closed claims for the period between 31 October 2023 and 31 October 2025. We sought this information to assist our understanding of the impacts of changes being made by trustees.

**Note:** See Appendix 2 for more information about our review methodology and the data we collected.

This report outlines our findings and comments on industry progress, and examples of better practice we observed, based on the notice responses we received from trustees.

# Response to ASIC's death benefits review

In recognition of the nature and scope of findings outlined in the [CEO letter](#) (PDF 1 MB) and [REP 806](#), we sought to understand the extent to which trustees had engaged with and considered our observations and recommendations.

We asked trustees whether they had conducted an assessment of their business operations against the findings and recommendations in our publications.

Responses showed that nearly all trustees engaged with the findings in our publications during our review period. In almost all cases, trustees also developed plans to implement changes and/or improvements identified as part of their assessment against [REP 806](#). More than three-quarters of trustees tabled the findings from their assessment and their uplift plans with their board (or board committee) during the review period.

## Trustee insights for improving the handling of death benefit claims

We wanted to obtain insights from trustees on the benefits of actions already taken to improve the processing of death benefit claims. We asked each trustee to describe the one change they implemented during our review period that they consider has delivered the most improvement to their handling of death benefit claims.

We were also interested in understanding trustees' longer-term plans for uplift, so we asked each trustee to list their top three ongoing priorities for improving how they handle death benefit claims.

The most impactful changes made by trustees and top priorities are outlined below.

### Systems, data and reporting

Almost one-third of trustees improved their claims management systems to better capture data on death benefit claims handling and enable greater oversight and reporting. Many of these trustees were focused on uplifting reporting on end-to-end claims handling times, with one trustee noting that they had updated their claims system to align with ASIC's recommended stages and timelines for case completion.

#### *Examples of uplift:*

- › One trustee is planning to introduce a death claims portal for claimants to notify, lodge and track their claim online.
- › Another trustee is looking at introducing additional reporting on its First Nations members, including whole-of-fund numbers, the number of claims made and the number of First Nations members who needed alternative identification. The same trustee is also considering introducing similar reporting for vulnerable members, including tracking services offered and used by vulnerable members.

## Communication and engagement

Many trustees made improvements to their claim communications, including updated death benefit claims forms, letters and information guides. Several of these trustees have, or are planning to, undertake consumer testing of their communications.

Activities aimed at increasing the uptake of binding nominations were also a key focus area for trustees. This included plans for more regular nomination campaigns as well as actions directed at streamlining and improving funds nomination offerings. Many trustees actively tracked the success of their initiatives to determine member engagement and uptake.

### *Examples of uplift:*

- › One trustee introduced a claims intake call, which aims to provide claimants with an explanation of the overall claims process, including outlining initial documentation and other requirements. A key objective of this approach is to help set claimant expectations.

## Policies and processes

Actions to streamline the consideration of claims featured heavily in the most impactful changes made by trustees, with many trustees introducing or improving processes for dealing with low-value and/or low-risk claims. This also included consideration of associated resourcing.

### *Examples of uplift:*

- › Claims staff was a key focus area for trustees, with several trustees introducing dedicated claims managers for death benefit claims.

## Support for First Nations claimants and members

Several trustees identified increasing support for First Nations members and claimants as a key priority, including plans for cultural awareness training for staff and further work to identify their First Nations membership.

### *Examples of uplift:*

- › One trustee is planning a dedicated webpage for First Nations members. The webpage will address the circumstances in which members may need the support services offered, extra support, information about nominating a third party to act on their behalf, contacting the fund, links to superannuation education, events and tools, and links to external support services.
- › Another trustee is finalising their development and rollout of a dedicated program designed to provide culturally appropriate, personalised, timely and empathetic support for First Nations members, throughout their experience with the fund, especially beneficiaries making death benefit claims.

# End-to-end claims times

## Claims handling times

### Report 806 recap

[REP 806](#) found that there was significant variation in claims handling times across the reviewed trustees. Acknowledging that there are a number of factors affecting how long a claim may take, we encouraged trustees to identify opportunities to improve their handling times.

### Follow-up review

We asked trustees to provide us with aggregate data on their open and closed claims for two periods. The first period was 1 November 2023 to 31 October 2024 and the second period was 1 November 2024 and 31 October 2025. This allowed us to identify any changes or improvements from the first period to the second period.

We selected these time periods to broadly reflect the 12 months before and after we issued our November 2024 [CEO letter](#) (PDF 1 MB).

**Note:** See Appendix 2 for more information about the data we collected.

## Findings

- › We identified some improvement in the time taken to close claims year on year despite an increase in the total number of claims being handled by trustees. The overall age profile of open claims also improved.
- › We would expect further improvement over time, noting most trustees only recently made changes to improve their claims handling practices and the flow-on impacts of these and further planned improvements are yet to be fully realised. However, this is largely contingent on trustees implementing resourcing and solutions that factor in expected increases in claims volumes.
- › While large funds overall saw the most improvement in the proportion of claims closed in 180 days or less, some large funds were significantly slower than their peers.
- › Small and medium funds made less progress, and they risk falling further behind on claims handling efficiency as overall claims numbers continue to grow. However, we did see examples of some small and medium funds outperforming their larger competitors on claims handling times.
- ❖ We encourage all funds, no matter the size, to regularly review their claims handling times and look for opportunities to improve their practices.

### Observations on data quality

We first called out the need for trustees to ensure they are collecting accurate, timely and relevant data on their death benefit claims in our November 2024 [CEO letter](#) (PDF 1 MB).

For this follow-up report, the claims data we requested from trustees was simpler than what was collected for [REP 806](#). However, yet again, several trustees experienced challenges in responding to our data request, with a number having to resubmit their data due to omissions or errors.

Some trustees were unable to provide the requested data within a reasonable timeframe because they did not store it in their systems or because they were waiting on data from their service providers.

Responses showed that many trustees are focused on uplifting their systems and data collection. Our experience suggests trustees should continue to prioritise improvements to their data governance.

# Claims handling times – all of industry

We asked trustees to provide us with aggregate data on their open and closed claims for two periods, 1 November 2023 to 31 October 2024 and 1 November 2024 and 31 October 2025.

Data reported by superannuation trustees showed only modest progress on death benefits claims handling times.

When we compare the year ending 31 October 2025 to the year ending 31 October 2024, we see:



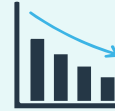
**+10%**

claims closed



**+3%**

claims closed in 180 days or less



**-4%**

claims open at the end of the year



**-2%**

proportion of claims open for 720+ days

## Performance by fund size

When we compare the number of claims closed in 180 days or less in the year ending 31 October 2025 to the year ending 31 October 2024, we see:

Large funds member benefits of more than \$50 billion	Medium funds member benefits between \$10 and \$50 billion	Small funds member benefits of less than \$10 billion
<b>+19%</b> closed claims	<b>+2%</b> closed claims	Failed to shift the proportion of their overall claims closed



Small and medium funds made less progress when dealing with an increased number of claims.



Trustees must continue to prioritise uplifting their death benefit claims handling practices and, where necessary, accelerate to get ahead of increasing claim volumes.

**+5,000**

claims received in the year ending 31 October 2025, representing a 10% increase.



This trend in increased volumes is expected to continue due to Australia's ageing population.

**+33%**

The number of superannuation accounts in the 75+ years of age cohort has grown by 33% over the past 5 years from December 2021 to December 2025.



Trustees who have been slow to act risk falling further behind on claims handling efficiency as overall claims numbers continue to grow.

# Complaints about death benefit claims

## Death benefit claims complaints data

### Report 806 recap

A significant increase in complaints was a key factor that led to our review of death benefit claims handling, noting that complaints to AFCA about trustees' delays in handling death benefit claims increased sevenfold between 2021 and 2023.

We have consistently emphasised the critical role complaints play in highlighting issues both within individual superannuation funds and across the industry more broadly.

### Follow-up review

In support of our follow-up review, we again looked at industry-level complaints experience to gauge whether there had been any improvement in complaint volumes following the release of our [CEO letter](#) (PDF 1 MB) and [REP 806](#) and more recent actions undertaken by trustees to uplift their death benefit claims handling practices.

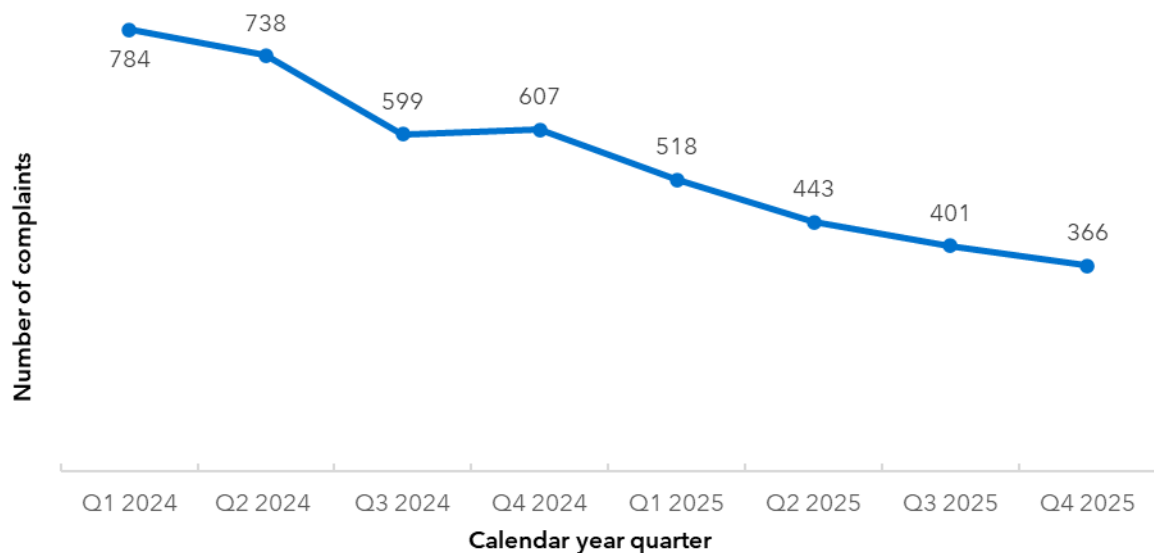
## Findings

- › Internal dispute resolution (IDR) data provided to ASIC shows a 53% decline in the number of complaints about death benefit claims handling delays from the beginning of 2024 to the end of 2025: see Figure 1.
- › External dispute resolution (EDR) data also improved, with complaints about death benefit claims delays falling over 72% from the beginning of 2024 to the end of 2025: see Figure 2. This drop followed a record high baseline and should be interpreted in the context of previously elevated complaint volumes.
- › While these results are encouraging, complaints about superannuation remain high – trustees received over 200,000 IDR complaints in 2024–25. Over half of these complaints related to service issues, with delays in claim handling more broadly representing one of the top five services issues complained about: see [Internal dispute resolution data dashboard](#).
- › Data published by AFCA also shows that both delays in claim handling and service issues remained in the top five superannuation complaints received in 2024–25: see [Superannuation complaints](#).
- › AFCA more recently reported a 29% rise in superannuation complaints for the 2025 calendar year. While complaints about death benefits were said to have remained steady, the main pressure points were timeliness and transparency in the claims process: see [AFCA receives record number of complaints in 2025 calendar year](#), AFCA media release, 27 February 2026.

## Findings (continued)

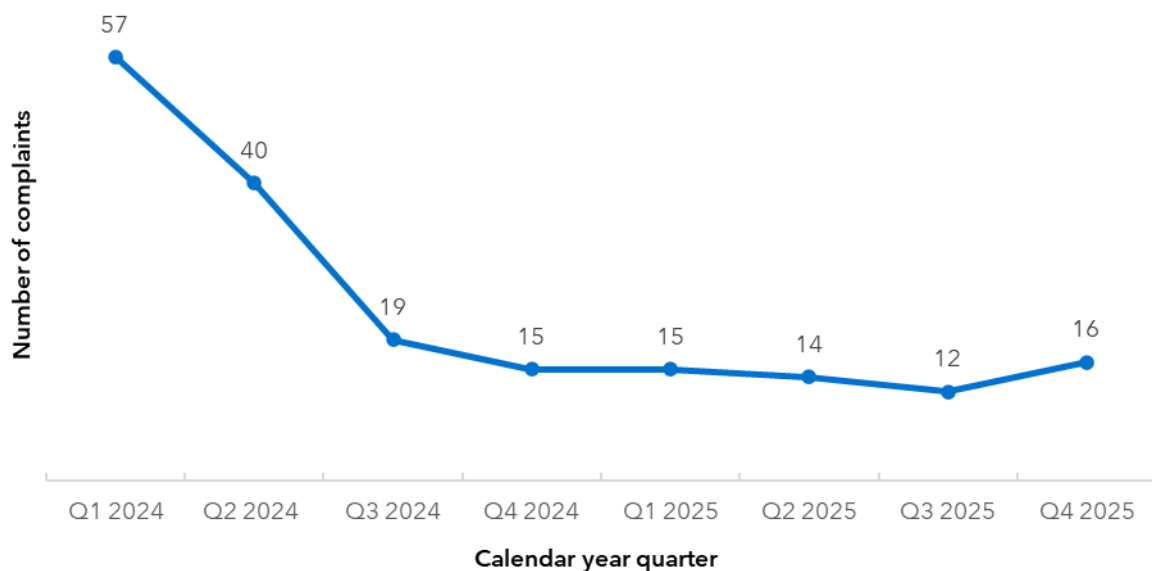
- ❖ Trustees must continue to engage with and respond to issues and trends raised through complaints. As noted earlier, the next phase of our member services review is focused on how well superannuation trustees use complaints data to identify and address systemic issues, to improve the delivery of services to members.
- ❖ It is essential that trustees use complaints as an early warning system to detect systemic issues and address them in a timely manner to reduce or prevent negative impacts on members.

Figure 1: IDR complaints about superannuation death benefit claims handling delays



Note: See Table 2 for the data shown in this figure (accessible version).

Figure 2: EDR complaints about superannuation death benefit claims handling delays



Note: See Table 3 for the data shown in this figure (accessible version).

# Governance and oversight

## Trustee review of complaints data

### Report 806 recap

Complaints are a critical information source, particularly for death benefit claims, as they provide insights into frictions within the trustees' claims handling processes.

In our [CEO letter](#) (PDF 1 MB), we called on trustees to review their complaints data to identify potential areas for improvement in their death benefit claims handling processes.

In [REP 806](#), we again encouraged trustees to engage with their complaints to better understand claimants' experiences when engaging with their funds.

### Follow-up review

We asked trustees whether they had undertaken a review of their death benefit complaints to identify potential areas for improvement.

#### Findings

- › Responses showed that nearly all trustees considered their complaints during our review period. Most trustees are now undertaking regular analysis of their complaints to identify trends and areas for improvement.
- ❖ We encourage any trustee who is not already undertaking regular reviews of their death benefit complaints to urgently consider doing so.
- › ASIC IDR data shows that for some trustees death benefit claims handling continues to be one of their highest recorded sources of complaints.
- ❖ Trustees with a higher proportion of ongoing complaints should review the adequacy of their existing complaints analysis and actions taken to respond to issues raised.

#### Better practice examples

- › Several trustees have established a monthly forum where they discuss and consider complaints, with at least one trustee reviewing complaints verbatim.
- › One trustee reported looking at the number of claims that have multiple complaints in addition to other relevant complaint data points.

## Better practice examples (continued)

- › Some trustees made improvements to their death benefit claims handling practices based on findings from their analysis of complaints. For example, one trustee simplified its proof of identification process after receiving several complaints, while another trustee made changes to their death benefit claims form based on learnings from member complaints.

## Trustee risk appetite

### Report 806 recap

Risk appetite was one of the most significant contributors to claims handling times identified in our original review. We found trustees that had highly risk averse death benefit claims handling practices had longer end-to-end processing times than those with less conservative approaches. We saw trustees applying the same claim processes regardless of the characteristics of a claim, or without considering the cost to process versus the risk.

We recommended trustees review their risk appetite settings regarding death benefit claims and identify opportunities to improve.

### Follow-up review

We asked trustees whether they had reviewed and made changes to their risk appetite for the handling of death benefit claims. We specifically asked about any changes to their claim-staking rules and their approach to processing low-value or low-risk claims.

## Findings

- › Nearly all trustees reviewed or were in the process of or planning to review, their risk appetite.
- › Over 70% of trustees had made, or were intending to make, changes to their approach to processing low-risk or low-value claims. Over 50% had made, or were intending to make, changes to their claim-staking rules.
- › We were surprised to hear from many of the trustees that didn't make any changes that they didn't think any changes were necessary, as they were satisfied with their existing processes and rules.
- › Simple or streamlined processes for dealing with low-value and/or low-risk claims can help trustees to efficiently process their more straightforward claims. This not only means quicker handling times for trustees, but also, more importantly, that claimants get access to their often much-needed deceased loved one's benefit in a timely manner. Hopefully, this results in a much more positive experience.

## Finding (continued)

- ❖ We call on those trustees that made no effort to streamline the processing of their simple claims to question why they felt no improvements were needed and to consider if they are processing their claims as efficiently, honestly and fairly as possible.
- ❖ We encourage all trustees to review the examples of better practice in this section and consider whether further improvements can be made for their members and beneficiaries.

## Better practice examples

- › Several trustees introduced or made amendments to their decision-making delegations for death benefit claims, meaning lower-value or lower-risk claims could be decided by claims staff or management.
- › Some trustees increased the threshold for when letters of administration or grant of probate are required.
- › Several trustees either introduced or made improvements to their simple claims process. For example, multiple trustees reduced documentation requirements for low-value or low-risk claims. One trustee introduced and later refined a process for collecting claims information over the telephone for claims under a certain amount. Another trustee made amendments to its tiered approach for processing low-value claims, which involves different streamlined requirements for claims up to \$10,000 with no insurance and claims under \$1,000.

## Trustee data and reporting

### Report 806 recap

From a claimant's perspective, the time taken for a claim to be processed starts when they first contact the trustee about the death and ends once they receive payment. However, our review found that trustees were not tracking or monitoring end-to-end handling times for death benefit claims.

We also observed a lack of reporting to boards on death benefit claims handling, particularly about aged claims.

We recommended trustees:

- › consider introducing better and more meaningful metrics to track the handling of all death benefit claims, including end-to-end claims handling times, and
- › provide regular reporting on death benefit claims to boards.

## Follow-up review

We asked trustees whether they:

- › implemented the capability to track end-to-end claims handling times and the age profile of open death benefit claims
- › introduced performance metrics for their handling of death benefit claims, and
- › provided reporting to their board about death benefit claims handling times and metrics.

## Findings

- › Responses show significant uplift across the industry on tracking death benefit claims.
- › All trustees, except for one who was undergoing operational changes during our review period, stated that they have implemented, or are in the process of or planning to implement, the capability to track end-to-end claims handling times for all death benefit claims and the age of all open death benefit claims.
- › Most trustees (80%) had introduced, or intended to introduce, performance metrics for end-to-end claims handling times for uninsured death benefit claims. Over 70% of trustees introduced, or intended to introduce, other non-time-based performance metrics.
- › REP 806 emphasised the necessity of tracking and monitoring end-to-end claims handling times to better consider the claimant's experience. Despite most of the industry understanding the critical importance of monitoring end-to-end performance, 20% of trustees failed to introduce performance metrics for end-to-end claims handling. We see no obvious reason why trustees should not be tracking their performance on end-to-end claims handling times.
- › Some trustees noted in their additional comments that they had set performance objectives for completing a percentage of their death benefit claims within a set timeframe. Setting meaningful performance metrics provides trustees with an objective measure to track against, to see if they are delivering good and timely outcomes for claimants.
- ❖ We strongly encourage those trustees who have not set performance objectives for their overall handling of death benefit claims to immediately consider doing so.
- › Close to 90% of trustees provided, or planned to provide, reporting to their boards (or board committees) on end-to-end claims handling times for uninsured death benefit claims and the age of all open death benefit claims.
- ❖ All trustees should ensure robust reporting to their boards about death benefit claims handling.

## Better practice examples

- › Several trustees introduced performance metrics targeting completion of a percentage of and/or all of their death benefit claims within a set timeframe. For example, one trustee set a goal of completing 80% of their death benefit claims within 90 days, which they track and report on.
- › Several trustees introduced metrics related to quality assurance over death benefit claims.
- › Some trustees introduced a metric covering complaints attributed to death benefit claims.

## Oversight and monitoring of outsourced service providers

### Report 806 recap

For those trustees that outsourced one or more aspects of their death benefit claims handling processes to third-party administrators, we observed that service level agreements did not always specifically cover death benefit claims, including failing to set out death claim specific performance metrics. We also noted a lack of reporting by administrators on end-to-end claims handling times.

We found that, while trustees were particularly focused on the performance of insurers, there was still room for improvement in terms of the relevance and usefulness of performance objectives, metrics and reporting on death benefit claims.

We recommended trustees consider reviewing agreements with outsourced service providers.

### Follow-up review

We asked trustees whether they had reviewed and made changes to their agreements with service providers in relation to death benefit claims handling. We also asked trustees whether they had introduced or enhanced any oversight mechanism for monitoring the death benefit claims-related services provided by their service providers.

## Findings

- › Over 70% of trustees undertook, or intended to undertake, a review of their service provider agreements, with many trustees introducing or enhancing oversight or quality assurance mechanisms for monitoring death benefit claims-related services provided by service providers.
- › Of the trustees that didn't review their service provider agreements, most stated that they didn't think a review was necessary, or considered their existing agreements were adequate.

## Findings (continued)

- ❖ Trustees are ultimately responsible and accountable to their members and beneficiaries for the services delivered, even if they outsource all or part of their claims handling duties. Trustees should continue to engage with their service providers to address any deficiencies in both oversight and performance.

## Better practice examples

- › Many trustees introduced new or more detailed reporting on death benefit claims, including requiring information on end-to-end claims handling times, complaints and status of claims. For example, one trustee required their service provider to investigate claims outside expected durations and provide details of their investigation in a report.
- › Several trustees established new or more regular meetings with their service providers to discuss death benefit claims, particularly complex or ageing claims.
- › Many trustees introduced or improved the service levels or performance objectives relating to death benefit claims handling in service provider agreements.
- › Some trustees introduced quality assurance programs to review and assess their service provider's handling of death benefit claims. For example, one trustee undertakes an end-to-end review of 25% of their closed claims. Another trustee conducts a review of a sample of its closed files, including reviewing all communications with the claimant to evaluate the quality of the service provided. They then provide their service provider with a rating scale, identified areas for uplift and other relevant feedback for each of the claims reviewed.
- › Some trustees were also looking to facilitate access to their service provider's claims systems to enable near to real-time reporting on death benefit claims.

# Policies and procedures

## Death benefit claims policies and processes

### Report 806 recap

We identified gaps, inconsistencies and a lack of detail in trustees' death benefit claims policies and processes.

Unclear processes, as well as insufficient resourcing and inadequate staff training appeared to be key contributors to the poor claims handling experiences identified in our review of individual claim files.

We recommended trustees:

- › ensure their death benefit claims handling processes were properly documented and covered, at a minimum, which documents must accompany a claim, what waivers or alternatives may be appropriate in certain cases, and when a claim should be escalated, and
- › prioritise staff resourcing and training.

### Follow-up review

We asked trustees whether they had:

- › reviewed and made changes to their policies and processes for handling death benefit claims
- › made changes to the resources allocated to processing death benefit claims, and
- › provided staff with training on the trustee's death benefit claims process and procedures, engaging with death benefit claimants, the trustee's vulnerable member policy, and cultural awareness.

## Findings

- › All trustees stated that they had reviewed, or were in the process of or planning to review, their death benefit claims handling policies and processes. Of those that had completed their review, over 60% stated they had made, or were intending to make changes, to better document all the relevant steps in their claims handling processes and what information must accompany a claim.
- › Meanwhile, over 50% stated that they made changes related to explicitly setting out what waivers or alternatives would be accepted in certain cases and providing guidance to staff on escalating complex or difficult claims.
- ❖ All trustees should continue to ensure their death benefits claims handling policies and processes are subject to regular review.
- › Responses showed that close to 60% of trustees increased the resources allocated to their handling of death benefit claims.

## Findings (continued)

- › Of the remaining trustees that didn't increase their resources, most stated that they didn't think a change was necessary as they determined their existing resources were sufficient.
- ❖ Ensuring claims teams are sufficiently resourced is critical when it comes to effectively handling death benefit claims. We encourage trustees to continue to monitor and adjust claims handling resources.
- › Nearly all trustees stated that they provided, or intended to provide, training to their staff on death benefit claims policies and processes and engaging with death benefit claimants. However, significantly fewer trustees reported providing training on cultural awareness and vulnerable member policies.
- › Close to 20% of trustees reported that they provided no training for their staff on cultural awareness or the trustee's vulnerable member policies and processes during our review period.
- ❖ It is important that trustees provide their staff with regular training on the key aspects of death benefit claims handling, including their policies and processes for assisting claimants who may require additional support.

## Better practice examples

- › One trustee stated that they conducted monthly training sessions for all claims staff to strengthen capability in handling death benefit claims.
- › Several trustees arranged for cultural awareness training to be provided by a First Nations-led organisation. One of these trustees included a session for staff on kinship structures and alternative identification.
- › Many trustees provided empathy training to staff to assist them in their interactions with claimants.

# Communication and engagement

## Claims communications

We first called out the importance of clear and effective communication in May 2024, when we published the findings from our review of trustees' website content on death benefit claims and nominations: see [Improving superannuation member services – Dealing with death benefit claims](#). We found, in many cases, the information provided about making a beneficiary nomination and the death claims process was inadequate or unnecessarily complex.

We called on all trustees to review our findings and consider how they could improve their death benefit claims communications.

### Report 806 recap

We observed many examples of claims communications that were insensitive, difficult to understand and not tailored to the claimant's circumstances or the characteristics of the claim (such as the type of nomination the member had made). We also observed significant variation in the frequency with which trustees were updating claimants on the status of their claims.

We emphasised the importance of having fit for purpose claim forms that appropriately tailor the information being requested to the characteristics of the claim and collect all necessary information up front from a claimant. This helps reduce delays further down the track.

We recommended trustees:

- › consider reviewing their communications to ensure they provide clear, complete and relevant information to claimants in a timely manner, and
- › review their death benefit claims forms.

### Follow-up review

We asked trustees whether they reviewed and made changes to the communications they provide to claimants on death benefit claims. We also asked trustees whether they had updated their death benefit claims form.

## Findings

- › Responses showed that nearly all trustees had reviewed, or were in the process of or planning to review, their death benefit claims communications.
- › Over 80% of trustees stated that, as a result of their review, they had made or were intending to make changes to better adopt plain English in communication with claimants and to tailor communications to the circumstances of the claim. Of the trustees that didn't make these changes, most stated that they were satisfied with the state of their existing communications.

## Findings (continued)

- › Most trustees stated that they had made, were in the process of making or planning to make, changes to providing an indication or estimation of how long the claims process may take in written communications. However, some trustees told us that they didn't think it was necessary to explain this in written communications.
- › We recognise that the time taken to process a claim may vary depending on the circumstance of each claim. We do not see this as prohibiting trustees from providing an estimate of how long an average claim might take. Trustees should further consider the needs of claimants. Many trustees that provide an indication of how long a claim might take also outline factors that may cause a claim to take longer.
- › Responses further showed that over 70% of trustees had updated, or were in the process or planning to update, their death benefit claims form. Of the remaining trustees that didn't update their claims form, most stated that they considered their claims form was adequate and required no changes.
- ❖ [Trustees should regularly review the adequacy of their claims form and other communications provided to claimants.](#)

## Better practice examples

### *Updates to claimants*

- › Many trustees increased the frequency with which they provide updates to claimants on the status of their claim, with most trustees providing updates every 20 business days.
- › Some trustees also started using different forms of communication to engage with claimants, including text messages.

### *Better tailoring communications*

- › Several trustees have amended or completely rewritten their claims communications (e.g. forms, fact sheets and website content).
- › Some trustees are using telephone calls as a first point of contact with claimants. This can be an effective communication strategy as it allows the trustee to explain the claims process upfront and provides the claimant with an opportunity to ask questions and raise any requests for special assistance.

### *Providing an indication of how long the claims process may take*

- › One trustee added a timeline to their initial claims letter that explains the expected journey based on whether the member held a binding nomination or not and whether the member held insurance or not. Highlighting factors that can impact the time taken to process a claim can help to set realistic expectations for claimants.

## Better practice examples (continued)

### *Consumer-testing communications*

- › Several trustees stated that they had consumer tested, or planned to test, their claims communications. For example, one trustee planned to have the First Nations Foundation complete a cultural assessment of letters and communications in early 2026.

### *Claims forms*

- › Some trustees amended their claims form to ensure they were capturing payment details to minimise later interactions with claimants and reduce time to payment.
- › Several trustees updated their claims form to include visuals, such as flowcharts, to clearly explain the claims process.
- › Some trustees allowed their claims form to be completed electronically for convenience and faster processing.

## Beneficiary nominations

### Report 806 recap

Our review highlighted the important impact death benefit nominations can have on the time taken to process a claim. We found that claims that had a valid non-lapsing binding or lapsing binding nomination in place were closed faster than claims with no nomination.

We recommended trustees consider any improvements to the processes they have in place for assisting and encouraging members to make valid binding nominations.

### Follow-up review

We asked trustees whether they ran any campaigns aimed at encouraging members to make a binding nomination.

## Findings

- › While responses showed that over 80% of trustees ran, or intended to run, a proactive campaign aimed at encouraging members to make a binding nomination, we were disappointed to see that some trustees were still relying exclusively on annual statements to encourage members to make a nomination.
- ❖ Given the significant impact a valid binding nomination has on death benefit claims handling times, we encourage all trustees to consider whether they can do more to increase the number of members making valid binding nominations.
- ❖ Trustees should consider the better practices called out in this section to see if there is anything they can learn from the strategies and successes of their peers.

## Better practice examples

- › Some trustees ran their campaigns through multiple channels (e.g. newsletters, television advertisements and direct emails).
- › Several trustees run regular nomination campaigns, with one trustee including quarterly reminders in member, employer and adviser newsletters.
- › Many trustees were tracking the success of campaigns. This is important as it allows trustees to learn from any successes or failures and apply these learnings to future campaigns.
- › Some trustees further tailored their campaign to target certain cohorts of members, such as those in a particular age bracket (e.g. members aged 35 years and over) or members who had a non-binding nomination.

## Engaging with vulnerable members and claimants

### Report 806 recap

We found that while most trustees had vulnerable member policies and processes in place, many failed to provide adequate guidance for staff on how to identify and assist claimants or members experiencing vulnerability.

We observed differing approaches to assisting claimants experiencing financial hardship during the claims process. Although many trustees were prepared to provide interim payments to claimants in certain low risk situations, the amount each trustee was willing to pay varied greatly.

We recommended trustees review their:

- › vulnerable member policies to ensure they provided appropriate guidance to staff on identifying and assisting members and claimants experiencing vulnerability, and
- › approach to assisting claimants experiencing financial hardship.

### Follow-up review

We asked trustees whether they reviewed and made changes to their vulnerable member policies and processes.

We also asked trustees whether they had made any changes to their approach on releasing a portion of the death benefit as an interim payment to claimants experiencing financial hardship during the claims process.

## Findings

- › Responses showed that nearly all trustees reviewed, or were in the process of or planning to review, their vulnerable member policies and processes. Of those who had completed their review, over 60% stated that they had made, or were intending to make, changes to their definition of vulnerability to better recognise the situational nature of vulnerability and provide staff with practical guidance on how to identify and assist vulnerable members.

## Findings (continued)

- › Over 80% of trustees stated that they had changed, or intended to make changes, to their flexible approach to identification and verification, with many noting that they used the Australian Transaction Reports and Analysis Centre (AUSTRAC) [Guidance on assisting customers who don't have standard forms of identification](#).
- › Many trustees told us that they had introduced, or were in the process of or planning to introduce, the ability for staff to make a record of any special assistance a member has indicated they need. However, comments from some trustees revealed confusion about the difference between flagging a member as vulnerable in a system and actually recording the assistance required by that member.
- › While having the ability to flag a member as vulnerable or requiring special assistance is important, it is just as important that staff can record the assistance that member or claimant requires.
- › Responses showed that 40% of trustees made or intend to make changes related to their policies and processes for escalating claims where a claimant has expressed financial hardship. Most of the remaining trustees stated that they didn't make any changes as they considered that their existing policies and processes were adequate.
- ❖ Trustees should continue to ensure regular review of their policies and processes for vulnerable consumers, including those relating to death benefit claims. Policies and processes should also be responsive to prevailing economic conditions.
- › Approximately 80% of trustees indicated that they had a process in place to release a portion of the death benefit as an interim payment to claimants experiencing financial hardship.
- › The remaining trustees provided varying reasons for why they didn't offer an interim payment process. Some trustees stated that such a process wasn't appropriate or necessary for the fund while others preferred to rely on different approaches such as expediting consideration of claims involving financial hardship.
- › Claimants awaiting the payment of a death benefit are, in some cases, not only experiencing grief but also severe financial difficulty and deserve the right support in their time of need.
- ❖ We again encourage all trustees to consider their policies and processes relating to financial hardship to ensure they align with the degree of actual risk presented by the claim, provide for the efficient escalation of claims where appropriate, and do not impose any unjustified administrative burdens on claimants.

## Better practice examples

- › Many trustees stated that they had updated their definition of vulnerability to recognise its situational nature, including that it may be temporary or permanent, gradual or sudden, and may stem from a single factor or event or a combination of factors.

## Better practice examples (continued)

- › One trustee introduced an annual training module on identifying and assisting vulnerable members.
- › One trustee noted that their flexible approach to identification includes accepting alternative forms of identification, such as community documents for First Nations members, extending timeframes to account for remoteness or limited technology channels, and supporting migrants with documentation challenges.
- › One trustee noted that their escalation process for claimants experiencing financial hardship includes waiving or accepting alternatives to standard information requirements, as well as considering interim payments.
- › Another trustee's process directs staff to record, with the member's permission, any relevant details of any support needed by the member and how long this support is needed (temporary or permanent).

# Support for First Nations members and claimants

## First Nations members and claimants' support

### Report 806 recap

Our review included a focus on how trustees were responding to the needs of First Nations members and claimants. We found that, while there had been some progress, trustees still could do more to better support their First Nations members and claimants.

The lack of awareness of and support for First Nations members and claimants was largely driven by insufficient or non-existent data collection by trustees. Few trustees used publicly available data or postcode analysis to identify and estimate their potential First Nations membership. Even fewer trustees collected identifying data directly from First Nations members or claimants.

We recommended trustees consider:

- › using available public data to estimate the First Nations membership of their funds, and
- › their ability and willingness to collect identifying data directly from First Nations members with their consent.

### Follow-up review

We asked trustees if they undertook a matching exercise using the postcode data methodology detailed in [REP 806](#) or other public data to identify potential First Nations members. We also asked trustees whether they had considered their ability and willingness to collect identifying data directly from First Nations members with their consent.

## Findings

- › While close to 80% of trustees used, or intended to use, the postcode methodology explained in [REP 806](#) or other publicly available data to estimate their potential First Nations membership, few decided to collect identifying data directly from First Nations members and claimants.
- › Rather than collecting the data directly, some trustees said they relied on members or claimants to self-identify. ASIC's work consistently recognises that First Nations consumers experience barriers to engagement, including mistrust of institutions and fear of how identity information will be used. The approach of relying on people to self-identify places the burden on the claimant or member, who in most cases will not know that they can self-identify or may not feel comfortable doing so. Furthermore, they will not know why they should self-identify.
- › Where a trustee directly asks claimants the question of whether they identify as a First Nations person, this provides an opportunity for trustees to explain how they will use this information. For example, the trustee may explain that this information will be used to help tailor the services provided, including through potential referral to staff who have received cultural awareness training or to assist with any potential identification issues.

## Findings (continued)

- › Other trustees cited practical challenges associated with collecting sensitive personal information and instead wanted to wait for an industry approach to this issue.
- › Trustees can't effectively assist and support their First Nations members when they have limited information on who these members are.
- ❖ While we support trustees working together to establish an industry approach to this issue, trustees should avoid undue delays in making improvements, especially given some trustees are already collecting identifying data directly from their First Nations members and using this information to improve the services they provide to those members.
- › ASIC's Indigenous Financial Services Framework is explicit that past exclusion from systems has shaped current engagement behaviours, and service models must adapt rather than expecting First Nations people to adapt to them.

## Better practice examples

- › Several trustees noted that they are or will be undertaking the postcode matching exercise on a regular basis.
- › Four trustees have uploaded the results from their matching exercise into their systems as a flag to staff that these members reside in remote/regional postcodes and/or may be First Nations members. One trustee explicitly noted that they will use this flag to alert staff to the challenges of living remotely, such as limited access to postal services, reliable internet and document certification. Another trustee used the results from its matching exercise to identify active claims in these areas and determine strategies to assist these beneficiaries.
- › Four trustees updated their death benefit claim forms to provide claimants with the option to disclose whether they are a First Nations person. One trustee explicitly sets out in their claims form how disclosing this information can assist the trustee to support the claimant during the claims process.
- › Two trustees also provide claimants with the option to disclose any cultural considerations in their initial claims call.

# Appendix 1: Trustees and funds included in this review

Table 1: Trustees and funds

Superannuation trustee	Superannuation fund
ANZ Staff Superannuation (Australia) Pty. Limited	ANZ Australian Staff Superannuation Scheme
Australian Ethical Superannuation Pty Ltd	Australian Ethical Retail Superannuation Fund
Australian Meat Industry Superannuation Pty Ltd	Australian Meat Industry Superannuation Trust
Australian Retirement Trust Pty Ltd	Australian Retirement Trust
AustralianSuper Pty Ltd	AustralianSuper
Avanteos Investments Limited	Colonial First State FirstChoice Superannuation Trust
Aware Super Pty Ltd	Aware Super
Bendigo Superannuation Pty Ltd	The Bendigo Superannuation Plan
Brighter Super Trustee	Brighter Super Fund
BT Funds Management Limited	ASGARD Independence Plan Division Two
BUSS (Queensland) Pty Ltd	Building Unions Superannuation Scheme (Queensland)
CareSuper Pty Ltd	CareSuper
Challenger Retirement and Investment Services Limited	Challenger Retirement Fund
Commonwealth Superannuation Corporation	Public Sector Superannuation Accumulation Plan
Diversa Trustees Limited	OneSuper
Equity Trustees Superannuation Limited	Smart Future Trust
Fiducian Portfolio Services Limited	Fiducian Superannuation Fund
Fire and Emergency Services Superannuation Board	Fire and Emergency Services Superannuation Fund
First Super Pty Limited	First Super
H.E.S.T. Australia Ltd.	HESTA
Host-Plus Pty. Limited	HOSTPLUS Superannuation Fund

Superannuation trustee	Superannuation fund
HTFS Nominees Pty Ltd	HUB24 Super Fund
I.O.O.F. Investment Management Limited	IIOF Portfolio Service Superannuation Fund
Legal Super Pty Ltd	legalsuper
Macquarie Investment Management Ltd	Macquarie Superannuation Plan
Mercer Superannuation (Australia) Limited	Mercer Super Trust
N. M. Superannuation Proprietary Limited	AMP Super Fund
NESS Super Pty Ltd	NESS Super
Netwealth Superannuation Services Pty Ltd	Netwealth Superannuation Master Fund
NGS Super Pty Limited	NGS Super
NSW Fire Brigades Superannuation Pty Limited	Crown Employees (NSW Fire Brigades Firefighting Staff Death & Disability) Superannuation Fund
Nulis Nominees (Australia) Limited	MLC Super Fund
Oasis Fund Management Limited	Oasis Superannuation Master Trust
OnePath Custodians Pty Limited	Retirement Portfolio Service
Prime Super Pty Ltd	Prime Super
Rei Superannuation Fund Pty Limited	Rei Super
Retail Employees Superannuation Pty. Limited	Retail Employees Superannuation Trust
Team Super Pty Ltd	Team Superannuation Fund
Telstra Super Pty Ltd	Telstra Superannuation Scheme
Togethr Trustees Pty Ltd	equipsuper
Total Risk Management Pty Limited	Russell Investments Master Trust
Unisuper Limited	Unisuper
United Super Pty Ltd	CONSTRUCTION AND BUILDING UNIONS SUPERANNUATION FUND
Vanguard Super Pty Ltd	Vanguard Super
Vision Super Pty Ltd	Local Authorities Superannuation Fund

## Appendix 2: Review methodology

We obtained written statements, under compulsory information gathering powers, from 45 superannuation trustees, to review industry progress in uplifting death benefit claims handling for the funds named in Appendix 1.

Trustees were asked to state what action they had taken in the year from 20 November 2024, the date we published our CEO letter, until 20 November 2025. We also asked about what actions they were planning to take.

Our questions focused on the following key areas identified in [REP 806](#):

- › end-to-end claims times
- › governance and oversight
- › policies and procedures
- › communication and engagement, and
- › support for First Nations members and claimants.

For most questions, trustees were asked to choose from a series of pre-set responses to promote consistency and facilitate comparability across trustees. We also sought explanation where trustees indicated they had not implemented certain actions and provided trustees with the option to provide additional comments or context for their responses.

**Note:** The results of this report also include relevant actions trustees advised us they had undertaken outside of the review period.

We also asked trustees to provide us with data on their death benefit claims to allow us to compare timeframes for handling claims between the two periods of 1 November 2023 to 31 October 2024 and 1 November 2024 to 31 October 2025.

Trustees were required to provide data covering:

- › the number of all open claims as at 31 October 2023, 31 October 2024 and 31 October 2025
- › the number of open claims as at 31 October 2024 and 31 October 2025 aged between: 180 to 360 days, 361 to 540 days, 541 to 720 days, and more than 720 days
- › the number of new claims received (or reopened claims) during each period
- › the number of all claims closed during each period, and the number of those that took: 180 to 360 days, 361 to 540 days, 541 to 720 days, and more than 720 days.

A claim was considered closed if the trustee paid out, in full, the deceased member's death benefit entitlement from the member's account. An entitlement to a defined benefit pension or annuity was considered paid in full if it had commenced to be paid to a beneficiary, or an account or member record had been established, and the trustee is ready to make payment to the beneficiary. In a small number of cases, claims data incorporated claims advised by trustees as closed for other reasons such as non-response or withdrawal by a claimant.

A claim was considered open if it had not been closed.

**Note:** The data collected for this report is not directly comparable to that collected for [REP 806](#), as we collected a different, smaller set of data points at an aggregate level and included all claims handled by the trustee during the two 12 month periods being reviewed, including those commenced earlier but not closed by 1 November 2023. In contrast for REP 806, we collected more detailed data on each individual claim but only included new claims commenced during the two years to 31 March 2024.

## Appendix 3: Accessible versions of figures

**Table 2: IDR complaints about superannuation death benefit claims handling delays**

Date	Number of complaints per quarter
2024 Q1	784
2024 Q2	738
2024 Q3	599
2024 Q4	607
2025 Q1	518
2025 Q2	443
2025 Q3	401
2025 Q4	366

**Note:** This is data shown in Figure 1.

**Table 3: EDR complaints about superannuation death benefit claims handling delays**

Date	Number of complaints per quarter
2024 Q1	57
2024 Q2	40
2024 Q3	19
2024 Q4	15
2025 Q1	15
2025 Q2	14
2025 Q3	12
2025 Q4	16

**Note:** This is data shown in Figure 2.

# Key terms and related information

## Key terms

<b>AFCA</b>	Australian Financial Complaints Authority – the EDR scheme for which an authorisation under Pt 7.10A of the Corporations Act is in force
<b>APRA</b>	Australian Prudential Regulation Authority
<b>AUSTRAC</b>	Australian Transaction Reports and Analysis Centre
<b>binding nomination</b>	A type of nomination that is binding on the trustee and includes lapsing nominations, non-lapsing nominations and reversionary nominations
<b>claim</b>	A claim for death benefits to be paid by a superannuation trustee in relation to a deceased member's account by one or more claimants
<b>claim staking</b>	A discretionary process during which a trustee provides potential beneficiaries with notice and an opportunity to object to the trustee's proposed decision about who to pay the member's death benefit to (and in what amounts)
<b>death benefit</b>	The amount of money in a member's superannuation account after they pass away, including any insurance proceeds
<b>EDR</b>	External dispute resolution
<b>First Nations postcodes</b>	Postcodes identified in Table 4 of <a href="#">REP 806</a> as remote or very remote areas of Australia where there is also a higher-than-average First Nations population
<b>fund</b>	Has the same meaning as a 'registrable superannuation entity' (RSE) in s10(1) of the SIS Act
<b>IDR</b>	Internal dispute resolution
<b>nomination</b>	A nomination by a member for a specified person to receive payment of the member's death benefits
<b>review period</b>	The period between 20 November 2024 and 20 November 2025
<b>trustee</b>	A constitutional corporation, body corporate or group of individual trustees that holds an RSE licence granted by APRA under s29D of the SIS Act (also known as an 'RSE licensee') which had a superannuation fund as at 20 November 2025.

## Related information

### Headnotes

AFCA, alternative identification, Australian Financial Complaints Authority, Australian Prudential Regulation Authority, APRA, beneficiary, claim, claimant, claims handling, claim staking, communication, compassion, complainant, complaint, data governance, death benefit, delay, EDR, empathy, engagement, external dispute resolution, financial hardship, First Nations peoples, governance, IDR, internal dispute resolution, life insurance, member services, nomination, outsourcing, oversight, performance monitoring, processes, quality assurance, reporting, service providers, staffing, superannuation funds, superannuation trustees, training, vulnerable consumers

### Legislation

*Corporations Act 2001*

*Corporations Regulations 2001*

*Superannuation Industry (Supervision) Act 1993*

*Superannuation Industry (Supervision) Regulations 1994*

### ASIC documents

[25-034MR](#) *ASIC sues AustralianSuper alleging significant death benefit claims failures*

[25-286MR](#) *Cbus ordered to pay \$23.5 million penalty for serious failures in processing members death benefits and insurance claims*

[Improving superannuation member services – Dealing with death benefit claims](#)

[Letter to CEOs of superannuation trustees](#) (PDF 1 MB)

[REP 806](#) *Taking ownership of death benefits: How trustees can deliver outcomes Australians deserve*

### Other documents

[AFCA receives record number of complaints in 2025 calendar year](#), AFCA media release

[Assisting customers who don't have standard forms of identification](#), AUSTRAC guidance

[Mandatory service standards for the superannuation industry](#), joint media release