

Death Claim Discharge Form

Funeral Bond

Please PRINT clearly in BLACK or BLUE pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

1. Particulars of the deceased

Account number			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		
Surname			
Given name(s)			
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of death	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential address (not a PO Box)			
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country (if not Australia)			
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email			
Did the deceased leave a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Particulars of the claimant

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss			Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname					
Given name(s)					
Residential address (not a PO Box)					
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country (if not Australia)					
Phone	<input type="text"/>	Mobile	<input type="text"/>		
Email					

3. Relationship of claimant to the deceased

Please indicate using 'X'

<input type="checkbox"/> Executor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Nominee	<input type="checkbox"/> Other (please specify):	<input type="text"/>
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Declaration of claimant

I declare that I am legally entitled to receive the sum payable under the above mentioned policy. I hereby covenant to indemnify and forever indemnified Australian Unity Investment Bonds Limited and its Agents from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever, which may be made or brought against it by reason of compliance with this request.

Signature of claimant

X

Print name

Date / /

Signature of witness*

X

Print name

Date / /

Residential address
(not a PO Box)

Suburb

State Postcode

Country
(if not Australia)

Persons signing this statement should note that the law imposes severe penalties for making false statements (\$10,000 or imprisonment for two years or both) or failing to ensure that a statement is not false or misleading (\$5,000 or imprisonment for 1 year or both).

*A witness is an individual over the age of 18 years who does not reside at the same address as the claimant.

4. Important documents required

To ensure that we are able to process this claim quickly and efficiently, please 'X' that you have included the following documents:

- ☒ Copy of the Death or Medical Cause of Death Certificate
- ☒ Copy of Funeral Account/Receipt (if already paid & reimbursement required)
- ☒ Other related funeral expenses for consideration of payment



Return by post

Send completed form together with relevant identification documents.

Within Australia

Australian Unity – Investment Bonds
Reply Paid 91914
Melbourne VIC 3000
(No stamp required if mailed
within Australia)

Outside Australia

Australian Unity
GPO Box 4397
Melbourne VIC 3001



Email

investments@australianunity.com.au

Contact us

Investor Services

1800 804 731

australianunity.com.au/wealth