

# Death Claim Discharge Form

## Investment 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	<table border="1"><tr><td>D</td><td>D</td></tr></table> / <table border="1"><tr><td>M</td><td>M</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date of death	<table border="1"><tr><td>D</td><td>D</td></tr></table> / <table border="1"><tr><td>M</td><td>M</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D																		
M	M																		
Y	Y	Y	Y																
D	D																		
M	M																		
Y	Y	Y	Y																
Residential address (not a PO Box)																			
Suburb		State	<table border="1"><tr><td></td><td></td><td></td></tr></table> Postcode <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																
Country (if not Australia)																			
Phone		Mobile																	
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	<table border="1"><tr><td>D</td><td>D</td></tr></table> / <table border="1"><tr><td>M</td><td>M</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D										
M	M										
Y	Y	Y	Y								
Surname											
Given name(s)											
Residential address (not a PO Box)											
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Country (if not Australia)											
Phone		Mobile									
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):	
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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:

☒ (a) Original Certificate of Membership

*Note: If you do not have the original Certificate of Membership you must complete Section 6. Statutory Declaration*

☒ (b) Full (or extract) Death Certificate – original or certified copy

☒ (c) Last known Will or letters of administration – original or certified copy

☒ (d) Probate is required if the claim exceeds \$50,000 – original or certified copy

*Note: This term is not required if a valid nomination of beneficiary is held by Australian Unity*

## 5. Verification and certification

Where your documents need to be certified, we suggest that the person certifying the document(s) for you use the following statement on the copy being certified:

**'I certify this to be a true copy of [name of document] the original of which, was produced to me at the time of signing'.**

The document must also be dated, and have the signature, printed name, occupation, employer and address of the person certifying the document.

List of persons who can certify copies of original documents:

- Accountants (members of the Institute of Chartered Accountants, the Australian Society of CPA's or the National Institute of Accountants).
- Aldermen or Councillors of Municipal or Shire Councils.
- Bank, Building Society and Credit Union employees and agents authorised by their institution to open accounts.
- International Banks employees authorised by their institution to open accounts where the International Bank engages in a transaction with a cash dealer.
- Bailiffs.
- Barristers.
- Clerks of Courts.
- Clerks of Petty Sessions.
- Commissioned officers currently serving in the defence forces.
- Dentists.
- Diplomatic or consular officers to an Australian Embassy.
- Holders of statutory offices for which an annual salary is payable.
- Insurance company full-time employees who have been employee continuously for at least five years by such company.
- Judges and Masters of Federal or State Parliament.
- Justice of the Peace.
- Members of an Aboriginal community council and recognised community elders of an Aboriginal community.
- Medical Practitioners. Members of Federal or State Parliament.
- Members of the Legislative Assembly of the ACT, Northern Territory or Norfolk Island.
- Ministers of Religion who are authorised Marriage Celebrants.
- Notaries public.
- Nursing sisters.
- Pharmacists.
- Police officers in charge of police stations.
- Police officers in the rank of Sergeant or any greater ranking.
- Postal managers.
- Public employees – current full-time employees of Commonwealth, State, Territory or Local Governments or Statutory Authorities, who have been employees for at least 5 years by one or more of those employers.
- Registrars of Federal or State Courts.
- Sheriffs.
- Solicitors.
- Stipendiary Magistrates.
- Teachers – full time, who have been teaching for more than 5 years at schools or tertiary institutions.



### Return by email

[investments@australianunity.com.au](mailto:investments@australianunity.com.au)



### 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

## Contact us

### Investor Services

**1300 1300 38**

**[australianunity.com.au/wealth](http://australianunity.com.au/wealth)**

## 6. Statutory Declaration

Applies to Australian Unity Investment Bonds, Australian Unity Education Savings Plan, Australian Unity Grand Bonds Assurance Fund policies only

Please complete this section only if you do not have the original Certificate of Membership.

Please use BLOCK letters and a black or blue pen.

Insert the name,  
address and occupation  
(or alternatively,  
unemployed or retired or  
child) of person making  
the statutory declaration.

I, ..... I, .....  
.....  
.....  
.....

do solemnly and sincerely declare that:

To the best of my knowledge and belief the said Certificate of Membership has been lost. A proper search and diligent enquiries have been made to locate the said Certificate of Membership, however, no trace of it can be found.

I make this solemn declaration by virtue of the *Statutory Declaration Act 1959* law applying to the provisions and execution of a statutory declaration in the State/Territory in which this document is executed as amended and subject to the penalties provided in that Act legislation for the making of false statements in the statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

Signature of person  
making the declaration

X ..... X .....

Place (city, town or suburb)

Declared at ..... Declared at .....

Date

On ..... On .....

Name of authorised  
statutory declaration witness

Before me ..... Before me .....  
I am an authorised statutory declaration witness and  
I sign this document in the presence of the person  
making the declaration: I am an authorised statutory declaration witness and  
I sign this document in the presence of the person  
making the declaration:

Signature of authorised  
statutory declaration  
witness

X ..... X .....

Date

On ..... On .....

Name & capacity in  
which authorised person  
has authority to witness  
statutory declaration, and  
address (writing, typing  
or stamp)

.....  
.....  
.....

**Note:** A person who wilfully makes a false statement in a statutory declaration under the Statutory Declaration Act 1959 legislation of the State/territory in which it is executed and can be found guilty of an offence against this Act under that legislation, the punishment for which can be a fine or imprisonment for a term.