

Benefit Claim Form

Investment Bonds

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

Applications if for Assurance Benefit Fund Life Assurance Benefit Funeral Benefit
Certificate/Policy number

1. Details of Member

Title Mr Mrs Ms Miss Date of birth / /

Surname

Given name(s)

Residential address (not a PO Box)

Suburb State

Postcode Country

Phone Mobile

Deceased (go to Step 2) Surrender (go to Step 3) Maturity (go to Step 3)

2. Details of Executor / Legal representative / Spouse

Title Mr Mrs Ms Miss Date of birth / /

Surname

Given name(s)

Residential address (not a PO Box)

Suburb State

Postcode Country

Phone Mobile

Date of death / /

I declare that I am the legal representative responsible for the Estate of the deceased member.

I have enclosed the following documentation for consideration:

- Original certified copy of the Death Certificate
- Original certified copy of the Will / Probate
- Original certificate of Membership or any other correspondence from Australian Unity containing policy information
- Original certified Identification for executor (If the Estate is closed we will require this information to pay the funds)*

*A certified copy of photographic identification e.g. Drivers Licence, Passport or Proof of Age Card. Should these documents not be available please contact us to arrange alternate forms of identification.

3. Payment Details

Please ensure Certified Identification for policy owner is enclosed with the claim form for Surrender or Maturity of policy*.

*A certified copy of photographic identification e.g. Drivers Licence, Passport or Proof of Age Card. Should these documents not be available please contact us to arrange alternate forms of identification.

Please select one of the following options:

- Policy Owner (Always if ticked Surrender or Maturity)
- Spouse (Deceased use only)
- Nominated Beneficiary/s (If applicable - Deceased)
- Estate of the deceased (Deceased use only)
- Executor of the Estate (if more than one note details below) (Deceased use only)

Payee name

4. Signature(s)

Signature

Full name

Date / /

Signature of witness

Witness full name

Date / /



Return by email

enquiries@australianunity.com.au



Post

(together with any identification documents where relevant)

Australian Unity - Reply Paid 93753 Melbourne VIC 8060
(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to:
GPO BOX 4397 Melbourne VIC 3001

Contact us

- Australian Unity
GPO BOX 4397 Melbourne VIC 3001
- australianunity.com.au

Investor Services

- enquiries@australianunity.com.au
- 1300 1300 38

Adviser Services

- investmentbonds@australianunity.com.au
- 1300 133 285