

VIP Claim 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. Insured/Deceased Details

Policy number	<input type="text"/>
Full name	<input type="text"/>
Date of birth	<input type="text" value="D D / M M / Y Y Y Y"/>
Name of the policy owner	<input type="text"/>

2. Claim Details

Full name of the contact person submitting the claim on behalf of the insured/deceased:

Relationship to the insured/deceased person:

Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Country (if not Australia)	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
Mobile	<input type="text"/>	Date of death	<input type="text" value="D D / M M / Y Y Y Y"/>
Cause of death	<input type="text"/>		

Details of insured/deceased usual doctor

Full name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Country (if not Australia)	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>

Do you know if the insured/deceased person has consulted any other **general practitioners** in the past 5 years? (please mark with an "X", if YES please provide details below, if NO go to section 3.)

No Yes

General Practitioner Details

Full name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Country (if not Australia)	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>

General Practitioner Details

Full name	<input type="text"/>				
Address	<input type="text"/>				
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)	<input type="text"/>				
Phone	<input type="text"/>	Mobile	<input type="text"/>		

Please give details of any **specialists** the insured/deceased person has consulted in the past

Specialists Details

Full name	<input type="text"/>				
Address	<input type="text"/>				
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)	<input type="text"/>				
Phone	<input type="text"/>	Mobile	<input type="text"/>		

Please provide details of any doctors/specialists treating the insured/deceased person at the **time of death** (if the same above, please write 'as above')

Full name	<input type="text"/>				
Address	<input type="text"/>				
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)	<input type="text"/>				
Phone	<input type="text"/>	Mobile	<input type="text"/>		

Is there any additional information or feedback you wish to provide concerning this claim?

3. Signature

I (specify full name of person making this claim)

(Specify your relationship to the insured/deceased e.g. wife, son, mother, legal representative etc)

Of the Late (specify full name of insured/deceased)

Consent to the following:

- Disclose my personal information to third parties such as investigators, assessors, and/or reinsurers. The claim process may also involve the collection of additional information regarding the claim from third parties.
- I understand that I have rights to access my personal information in accordance with the National Privacy Principles.
- I declare the information and answers given above are true in every detail and that all relevant information has been disclosed.
- I understand that the claim may be refused if information is untrue or concealed.

Signature

Print name

Date

Please Note

So we can process the claim faster, please attach the below documents to the completed and signed form:

Note: Copies must be certified

- Birth certificate
- Change of name – if the insured/deceased person has changed their name, please attach proof of that change e.g. certified copy of marriage certificate
- Death certificate
- Original Policy Document and Schedule

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

4. Statutory Declaration

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
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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.



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



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1300 1300 38

Adviser Services



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1300 133 285