

## NOMINATION OF FUNERAL DIRECTOR AS BENEFICIARY FORM

Use this form to nominate a funeral director to receive a payment from the benefit entitlement as the nominated beneficiary. The funeral director must give written consent to the nomination. Upon receiving satisfactory evidence that a funeral service has been completed, Funeral Plan Management (FPM) will pay this entitlement to the nominated funeral director.

Please:

- PRINT clearly in black pen keeping within the allocated area
- Mark any boxes with an 'X' where applicable
- Call Investor Services on **1800 804 731** if you have any questions.

### 1. MEMBER DETAILS

Policy/Certificate number:

#### Member 1 (Individual investor)

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other: (please specify)

Surname:

Given name(s):

Phone:  Mobile:

#### Member 2 (Joint investor)

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other: (please specify)

Surname:

Given name(s):

Phone:  Mobile:

### 2. NOMINATION OF FUNERAL DIRECTOR

Name of Funeral Director:

Business address:

Suburb:  State:  Postcode:

Phone:  Mobile:

### 3. INVESTOR DECLARATION

I/We nominate the funeral director to receive payment upon the policy maturity date of sufficient amount of the benefit entitlement to meet the reasonable costs of the funeral services provided by the funeral director.

I/We agree and acknowledge that:

- the information I/we have provided in this form is true and correct.
- the benefit is payable only in the event of my/our death and that in paying out the benefit, FPM will act on the basis that the information provided by the nominated funeral director or legal representative is accurate and authentic.
- my/our personal information will be collected, used and disclosed in accordance with FPM's Privacy Policy and in accordance with the law. You can obtain a copy of our Privacy Policy via our website [fpmmanagement.com.au](http://fpmmanagement.com.au) or by telephone on 1800 804 731.

Signature(s) (all members must sign and date this form)

Signature of Member 1

X

Date:   /   /

Signature of Member 2

X

Date:   /   /

### 4. FUNERAL DIRECTOR CONSENT

I give consent to be the nominated funeral director for the Applicant(s) and I confirm that my business name and address details provided on this form are correct.

Name of  
Funeral Director:

Signature

X

Date:   /   /

**Return your completed form to Funeral Plan Management Pty Ltd via:**

E [funeralplans@australianunity.com.au](mailto:funeralplans@australianunity.com.au)

P GPO Box 4397, Melbourne VIC 3001

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**ADDRESS:** GPO Box 4397, Melbourne VIC 3001  
**TELEPHONE:** 1800 804 731 (freecall)  
**EMAIL:** [funeralplans@australianunity.com.au](mailto:funeralplans@australianunity.com.au)  
**WEBSITE:** [australianunity.com.au/funeral-plan-bond](http://australianunity.com.au/funeral-plan-bond)

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