

# 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  Mr  Mrs  Ms  Miss

Surname

Given name(s)

Date of birth    /    /     Date of death    /    /

Residential address (not a PO Box)

Suburb  State    Postcode

Country (if not Australia)

Phone  Mobile

Email

Did the deceased leave a will?  Yes  No

### 2. Particulars of the claimant

Title  Mr  Mrs  Ms  Miss Date of birth    /    /

Surname

Given name(s)

Residential address (not a PO Box)

Suburb  State    Postcode

Country (if not Australia)

Phone  Mobile

Email

### 3. Relationship of claimant to the deceased

Please indicate using 'X'

Executor  Assignee  Nominee  Other (please specify):

## 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

Print name

Date   /   /

### Signature of witness\*

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](https://australianunity.com.au/wealth)