

FUNERAL BOND APPLICATION FOR FUNERAL BENEFIT

To be completed by the Executor or Next of Kin.

Please:

- **PRINT** clearly in black pen keeping within the allocated area
- Mark any boxes with an 'X' where applicable

Call Client Services on 1800 804 731 if you have any questions.

1. DETAILS OF DECEASED INVESTOR

Surname:	<input type="text"/>		
Given name(s):	<input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Policy/ Certificate No.:	<input type="text"/>		

2. DETAILS OF EXECUTOR/LEGAL PERSONAL REPRESENTATIVE

Surname:	<input type="text"/>		
Given name(s):	<input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Phone number:	<input type="text"/>		

I declare that I am the representative responsible for the estate of the deceased investor. I hereby apply to Funeral Plan Management for the payment of the Funeral Bond benefit due on the death of the above named deceased investor. Please forward all related funeral expenses for consideration of payment.

I have enclosed the following:

- ☒ 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

3. PAYMENT DETAILS

Please select one of the following options (Note: payments will only be made to the Estate or a Funeral Director)

☐ The funeral expenses **have not** been paid. Please forward a cheque in the amount of \$ to the funeral director at the address shown on the attached invoice.

☒ The funeral expenses have been paid

☐ Please forward a cheque made payable to the Estate for the amount of \$

☒ Pay directly into the Estate's account:

Name of Australian Financial Institution:

Branch name:

Name of account holder(s):

Branch number (BSB): - Account number:

4. SIGNATURE

Signature of Executor/Legal Personal Representative:

☒

Date: / /

Name:

Return your completed form to Funeral Plan Management Pty Ltd:

Post: GPO Box 4397, Melbourne VIC 3001

© Funeral Plan Management Pty Ltd 2015 ABN 30 003 769 670

ADDRESS: GPO Box 4397, Melbourne VIC 3001

TELEPHONE: 1800 804 731 (freecall)

EMAIL: funeralplans@australianunity.com.au

WEBSITE: australianunity.com.au/funeral-plan-bond

