

Use this form to make a FuneralBond claim.

Please complete these instructions in **BLACK/BLUE INK** using **CAPITAL LETTERS** (except for your email address).

## 1. Deceased's details

Title  Mr  Mrs  Ms  Other (please specify)

Given name(s)

Surname

Date of Birth  /  /  Date of death  /  /

Address Unit/Street No.  Street name

Suburb

State  Post code  Country

Funeral Bond No.

### Evidence of documentation attached (select ONE)

Certified copy of Death Certificate (or for Cemetery and Crematorium, Authorisation for the Disposal of the Deceased's body)

OR

Certified Medical Examiner's Certificate

## 2. Contact person submitting this form

Title  Mr  Mrs  Ms  Other (please specify)

Given name(s)

Surname

Address Unit/Street No.  Street name

Suburb

State  Post code  Country

Relationship to deceased

Phone number (  )  Mobile number

Email address

### 3. Payment details

Pay the funeral director the amount of \$  with the balance paid to the nominated account.

Direct/EFT payment to the nominated account.

#### Claimant's nominated account details

Name of financial Institution

Branch name

Account name

BSB number  -  Account number

Please attach evidence of funeral services supplied (e.g. invoice or receipt).

### 4. Declaration

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in further declaration in respect of the said claim make any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, payment of my claim may be refused.

### 5. Signature

Name *(please print)*

Capacity/position

Signature  Date  /  /

If your power of attorney has not previously been registered by us, we will require a certified copy of the power of attorney document as well as the appropriate proof of identification documents in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Law).

*Please retain a copy of this form for your records.*

**Form to be sent to**  
**Generation Life PO Box 263, Collins Street West, Melbourne VIC 8007**

**Enquiries**

Phone: 1800 806 362

Email: [enquiry@genlife.com.au](mailto:enquiry@genlife.com.au)

[www.genlife.com.au](http://www.genlife.com.au)

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