

# FuneralBond pre-paid funeral claim form



Use this form to make a FuneralBond claim.

Please complete these instructions in **BLACK/BLUE INK** using **CAPITAL LETTERS** (except for your email address).  
The funeral director must sign this form.

## 1. Deceased's details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>						
Given name(s)	<input type="text"/>										
Surname	<input type="text"/>										
Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Date of death	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Address	Unit/Street No.	<input type="text"/>	Street name	<input type="text"/>							
	Suburb	<input type="text"/>									
	State	<input type="text"/>	Post code	<input type="text"/>	Country	<input type="text"/>					
Funeral Bond No.	<input type="text"/>										

### 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. Funeral director details

Name of funeral business	<input type="text"/>										
Contact name	<input type="text"/>										
Address	Unit/Street No.	<input type="text"/>	Street name	<input type="text"/>							
	Suburb	<input type="text"/>									
	State	<input type="text"/>	Post code	<input type="text"/>	Country	<input type="text"/>					
Phone number	( <input type="text"/> )	<input type="text"/>									
Email address	<input type="text"/>										

### 3. Funeral service

Date funeral service(s) provided as detailed in the pre-paid funeral agreement  /  /

#### Value of service provided (select ONE)

The funeral service was supplied to the full value of the pre-paid funeral agreement or funeral bond.

OR

The funeral service supplied was to the value of \$

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

#### Use of excess funds

Any balance remaining in the funeral bond is to be paid to the estate of the deceased.

#### Contact details for the estate

Contact name

Address Unit/Street No.  Street name

Suburb

State  Post code  Country

Phone number (  )

Email address

### 4. Declaration

I confirm and declare that I am authorised and have the power to make this declaration on behalf of the funeral business above.

I confirm that funeral services were provided in accordance with the pre-paid funeral arrangements by the funeral business named above.

I confirm that the above information is true and correct.

I agree to provide any additional information required by Generation Life Limited.

### 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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