

# FuneralBond transfer to funeral director form



Use this form to transfer ownership of a FuneralBond to a funeral director as part of a pre-paid funeral arrangement.

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

## 1. Investor details

|               |                             |                              |                             |   |                      |
|---------------|-----------------------------|------------------------------|-----------------------------|---|----------------------|
| Client number | <input type="text"/>        | Bond number                  | <input type="text"/>        |   |                      |
| 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"/> |
| Phone number  | ( <input type="text"/> )    | <input type="text"/>         | Mobile number               | <input type="text"/>                            |                      |
| Email address | <input type="text"/>        |                              |                             |   |                      |

## 2. Funeral director details

|  |                          |                      |             |                      |         |                      |
|--|--------------------------|----------------------|-------------|----------------------|---------|----------------------|
| Name   | <input type="text"/>     |                      |             |                      |         |                      |
| ACN or ABN                                   | <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 BH                              | ( <input type="text"/> ) | <input type="text"/> |             |                      |         |                      |
| Email address                                | <input type="text"/>     |                      |             |                      |         |                      |
| Pre-paid funeral contract/arrangement number | <input type="text"/>     |                      |             |                      |         |                      |

The funeral director can only be a natural person or a company. The funeral director will also be required to complete identity verification documentation as part of the transfer process.

## 3. Declaration

I/We declare that all details in this form are true and correct.

I/We authorise Generation Life Limited to process the instructions set out in this form.

I/We acknowledge and agree that Generation Life does not accept any liability or responsibility to ensure that such contract, arrangement or other obligations are met in part or in full. These are my/our private arrangements between me/us and my/our funeral director.

I/We release, discharge and agree to indemnify Generation Life Limited and any other related body corporate from and against any action, proceeding claims, losses, liabilities or costs arising from processing the instructions set out in this form.

#### 4. Signature(s)

If this form is signed under Power of Attorney the attorney certifies that he/she has not received notice of revocation of that power.

##### Investor 1

Name *(please print)*

Signature

Date  /  /

Please select appropriate box  Individual  Power of Attorney

##### Investor 2

Name *(please print)*

Signature

Date  /  /

Please select appropriate box  Individual  Power of Attorney

##### Funeral director

Funeral director position *(please print)*

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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