FuneralBond direct claim form

Guide to completing this form

- This form is to be completed to make a FuneralBond claim.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

Section 1
Deceased’s details

1.1 Deceased’s details

<table>
<thead>
<tr>
<th>Title</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Given name(s)</th>
<th>Date of birth</th>
<th>Date of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funeral Bond No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1.2 Deceased’s residential address

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PO Box / RMB / Locked Bag is not acceptable.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suburb/City/Town</th>
<th>Postcode</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Section 2
Contact person submitting this form

2.1 Contact details
Title
Given name(s)
Surname
Mobile number
Phone number
Email address
Relationship to deceased

2.2 Contact’s residential address
Address
PO Box / RMB / Locked Bag is not acceptable.
Suburb/City/Town
Postcode
State
Country
Section 3
Payment details

3.1 Nominated Australian financial institution information for this claim

Bank and branch name

Account name

BSB number

Account number

Direct electronic funds transfer payment to the nominated account.

Note: Please complete Section 3.2 below if you would like to make a payment directly to the funeral director.

3.2 Funeral Director's Australian financial institution information (Optional)

Pay the funeral director the amount of

$ , , , , ,

with the balance paid to the nominated account provided in Section 3.1 above.

Bank and branch name

Account name

BSB number

Account number

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

Section 4
Declaration and signature

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.

4.1 Declaration and signature

Full name (please print)

Capacity/position

Signature

Date

FuneralBond direct claim form
Required documents

Certified copies of the following documents are required

- Certified copy of Death Certificate (or for Cemetery and Crematorium, Authorisation for the Disposal of the Deceased’s body)
- Certified copy of Medical Examiner’s Certificate

Certified copies of the following identification documents are required

- Certified copy of your current driver’s licence
- Certified copy of your passport (current or expired passport within the last 2 years)

For other acceptable forms of identification, please refer to the ‘Completing proof of identity’ document on our website.

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

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).