

# FuneralBond direct claim form

Generation Life Investment Bonds - FuneralBond

## Guide to completing this form

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

### Required identification 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)

OR

Certified copy of Medical Examiner's Certificate

#### Certified copies of the following identification documents are required

Certified copy of your current driver's licence

OR

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.

## 1. Deceased's details

### Personal details

Title

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Date of death (dd/mm/yyyy)

FuneralBond number

### Residential address

Address (PO Box / RMB / Locked Bag is not accepted)



Suburb/City/Town

Postcode

State

Country

### 2. Contact person submitting this form

#### Contact person details

Title

Given name(s)  Surname

Mobile number

Phone number

Email address

Relationship to deceased

#### Residential address

Address (PO Box / RMB / Locked Bag is not accepted)

Suburb/City/Town  Postcode  State

Country

### 3. Payment details

#### 3.1 Nominated Australian financial institution information for this claim

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

Direct electronic funds transfer payment to the nominated account.

Bank and branch name

Account name

BSB number

Account number

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

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

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

#### 4. Declaration and signatures

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.

Name (please print)

Capacity/position

Signature

Date (dd/mm/yyyy)

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.

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

#### You can submit this form by:

**Email:** enquiry@genlife.com.au

**Mail:** PO Box 263, Collins Street West  
Melbourne VIC 8007



**Postal address**

GPO Box 263, Collins Street West  
Melbourne VIC 8007

**Email**

enquiry@genlife.com.au

**Enquiries**

Investor services: 1800 806 362  
Adviser services: 1800 333 657

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