

Death Claim Form

Please use **CAPITAL** letters and fill in to the best of your ability.

Part 1: Details of deceased member

Member Number:

Policy Number(s):

First name:

Middle Name:

Last name:

Street address:

Suburb:

State:

Postal code:

Country:

(If other than Australia)

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Date of death:

D	D	M	M	Y	Y	Y	Y
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Part 2: Details of legal representative

First name:

Middle Name:

Last name:

Company Name:

(If applicable)

ABN:

(If applicable)

Street address:

Suburb:

State:

Postal code:

Country:

(If other than Australia)

Email:

Contact Number:

Part 3: Payment instructions

A. Please select the investment product that was held by the deceased member and the preferred payment option.

Funeral Funds

Foresters Funeral Bond or State Trustees Funeral Bond

- Bank account in the name of the Estate¹/Executor²
- Funeral firm as funeral expenses have not been paid.
Note: If any excess balance remains a separate payment will be made to the bank account in the name of the estate.
- Individual who has paid the funeral expenses (please provide a receipt from the funeral firm to Foresters)

Savings Funds

Bonus Investment Bond, Education & Savings Bond, Blue Chip Endowment Assurance and Security Investment Bond

- Bank account in the name of the Estate¹/Executor²
- Nominated Beneficiary(s) of the policy as previously registered with Foresters

Insurance Benefit Funds

Sick & Funeral, Accident Fund and Death and Distress

- Bank account in the name of the Estate¹/Executor²
- Nominated Beneficiary(s) of the policy as previously registered with Foresters
- Spouse payment
- Individual who has paid the funeral expenses (please provide a receipt from the funeral firm to Foresters)
Note: If any excess balance remains a separate payment will be made to the bank account in the name of the estate)

B. Please complete the relevant payment details below for payments to the funeral firm, Estate or Executor.

Please pay proceeds to the following Bank Account

Account Name:

Bank Name:

BSB Number:

Account Number:

¹ Payment to the estate can only be made if the Bank account is in the name of the deceased's estate

² Payment to the executor of the estate can only be made if a copy of the Will and Testament is provided to Foresters

C. Payment to Beneficiary/Individual/Spouse

Please pay proceeds to the following Bank Account:

Account Name:

Bank Name:

BSB Number:

Account Number:

Part 4: Declaration

In making this claim I confirm I am the legal representative of the deceased and the information provided is true and correct.

I have included the following documentation with this claim (please tick all that apply):

- Copy of Death Certificate/Medical Cause of Death
- Invoice from funeral firm for the funeral expenses of the deceased
- Receipt from the funeral firm
- Copy of the Will and Testament (only required if benefit is payable to 'Executor of the estate of the deceased member')

Signature of Legal Representative 1:

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Legal Representative 2:

Date:

D	D	M	M	Y	Y	Y	Y
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Part 4: Office use only

Actioned By:

Date:

D	D	M	M	Y	Y	Y	Y
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