

Reassignment Form

Member instructions

Please use CAPITAL letters if handwriting

Date:

Member Name:

Member No:

Policy No:

Telephone Number:

Email:

Please note change of address (if applicable)

I would like to request the following changes to my funeral policy shown above.

Reassign my policy to the new Funeral Firm below

Name of Funeral Firm:

Address:

Required Document

I have enclosed the original membership certificate for endorsement of reassignment.

OR

I am unable to locate the original membership certificate. A statutory declaration is attached stating that it has been lost or misplaced.

Name of Member:

Name of joint member (if applicable):

Member Signature:

Joint Member Signature (if applicable):

Date:

Date:

Please Note: If this form is being completed by the Power of Attorney on behalf of the member, please forward a copy of the Power of Attorney document.

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