

Completing Your Funeral Bond Application

The Foresters Financial Funeral Bond Application Form can be used for both our Bond and Away From Home Cover. Simply mark what you are applying for at the beginning of the Application Form.

The following table may assist you in completing the Application Form.

	Single/Joint	Life Insured Investor	Power Of Attorney (POA)
Part 1: Personal Information	Single: complete Applicant 1 details Joint: complete both Applicant 1 and 2 sections. Applicant 1 will become the primary contact.	Investors to provide their details under Applicant 1 and Life Insured's details under Applicant 2. All correspondence will be sent to the Investor.	POA to provide the Life Insured's details under Applicant 1. If all correspondence is to be sent to the POA then complete the Principal Contact Details section.
Part 2: Your Beneficiary Options	If you have a preferred funeral director please provide their details in this section. Alternatively, mark the Non-Assigned Funeral Bond option.		
Part 3: Payment Details	Please provide the breakup details of your initial contribution and the method of payment for both this amount and if applicable any ongoing contributions.		
Part 4: Declaration	Please sign and date. For Joint applications please ensure both applicants complete declaration.	The Investor needs to sign and date.	The POA needs to sign and date.
Queensland Residents ONLY	PLEASE NOTE: It is a regulatory requirement of the Queensland Government that you also need to complete a Client Care Statement which must accompany this Application. Visit www.forestersfinancial.com.au/qccs to download the form.		
Part 5: Direct Debit Request (DDR) Form	The DDR form can be used for one-off as well as ongoing regular payments. Please ensure that the bank account holder signs and dates this form. Please note for credit card payments Foresters Financial is only able to accept the original signed and completed form by post mail.		

QUESTIONS?

Simply call our friendly Customer Service Team and they will be happy to talk you through the process.

Foresters Financial Funeral Bond Application Form

I wish to apply for membership of Foresters Financial's Funeral Benefit Fund and/or the Funeral Transfer Fund (Away From Home Cover). This application is for a:

Funeral Bond AND Away From Home Cover

IMPORTANT INFORMATION

Prior to signing this application, applicants should read and have a copy of Foresters Financial Funeral Benefit Fund Funeral Bond Product Disclosure Statement dated 1 July 2020.

(Please use CAPITAL letters if handwriting)

Part 1: Personal Information

Applicant 1

Single OR **Joint (applicant 1)** OR **Investor**

Title Mr Mrs Ms Miss Other

First Name

Last Name

Birth Date

Street Address

Suburb State Postcode

Telephone (Day) Mobile

Email

Applicant 2

Joint (applicant 2) OR **Life Insured**

Title Mr Mrs Ms Miss Other

First Name

Last Name

Birth Date

Street Address

Suburb State Postcode

Telephone (Day) Mobile

Email

Principal Contact Details - If different from above

Complete this section if all correspondence is to be sent to this person ONLY or in the case where you are the Power of Attorney (POA).

Contact Type **POA** OR **Other**

Title Mr Mrs Ms Miss Other

First Name

Last Name

Street Address

Suburb State Postcode

Telephone (Day) Mobile

Email

Part 2: Your Beneficiary Options

Please choose your beneficiary option from the following, which are set out in detail on pages 5-7 of this Product Disclosure Statement:

Mark only one box and if appropriate fill in the Funeral Director Details below

1. Non-Assigned Funeral Bond Option

A Non-Assigned Funeral Bond is where no specific funeral director has been nominated. All information relevant to your investment will be forwarded to you. If you have chosen this option you DO NOT need to fill in the Funeral Director Details below.
Please proceed to Part 3.

OR

2. Nominated Funeral Director Option

By nominating a funeral director as your beneficiary, you agree to the funeral director having access to your investment information. The Nominated Funeral Director can be changed at any time prior to death. All investment information will be sent to both yourself and your Nominated Funeral Director.

If you have chosen this option you need to fill in the Funeral Director Details below.

Please complete and acknowledge below.

I/We in accordance with the Foresters Financial Constitution do hereby nominate my/our investment in the Foresters Financial Bond to:

Funeral Director Details (to be completed only if option 2 is selected)

Company Name	<input type="text"/>		
Street Address	<input type="text"/>		
	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>		
Email	<input type="text"/>		

Part 3: Payment Details

Please indicate below how the allocation of the total amount invested will be distributed to Foresters Financial.

a) Funeral Bond Investment	\$
b) Away From Home Cover (if applicable)	\$
c) Establishment/Administration Fee (if applicable)	\$
Total Amount Paid to Foresters Financial	\$
<u>Target Amount</u> to be Paid to Foresters Financial (if different to Total Amount Paid to Foresters)	\$

Payment Type

Please mark applicable

Initial (One-Off)	Instalments (Ongoing)	Method
<input type="checkbox"/>		Cash
<input type="checkbox"/>		Direct Payment to Foresters Financial's Bank Account Please ensure the reference field includes your full name. Bank: Westpac Name of Account: Foresters Financial Combined Account BSB: 033059 Account No: 456732
<input type="checkbox"/>	<input type="checkbox"/>	Cheque Please ensure it is made payable to 'Foresters Financial Funeral Benefit Fund'
<input type="checkbox"/>	<input type="checkbox"/>	Credit/Debit Card or Bank Account Please complete the Direct Debit Request (DDR) Form on page 5 of this Application Form. One-Off credit card payments may be completed by calling Foresters Financial directly, no DDR Form required.

Part 4: Declaration

I/We have read, and agreed to be bound by the Foresters Financial Funeral Benefit Fund Funeral Bond Product Disclosure Statement dated 1 July 2020.

I/We agree to be bound by the Rules of Foresters Financial Funeral Benefit Fund and/or the Funeral Transfer Fund (collectively called the Funds) (as amended from time to time) and the terms and conditions upon which the Funeral Bond is issued and, if applicable, the Funeral Transfer Fund from which the Away From Home Cover is issued.

I/We agree that in the event that I/we effect more than one funeral policy or enter into additional policies, the aggregate contributions do not and will not exceed the amount required to meet the cost of my/our funeral chosen by me/us.

I/We acknowledge that **THE FUNERAL BOND and THE FUNERAL TRANSFER FUND POLICY WILL REMAIN IN EFFECT UNTIL THE DEATH OF THE APPLICANT OR THE LIFE INSURED OR IN THE CASE OF JOINT APPLICANTS, THE FIRST DEATH TO OCCUR and NO MONEY CAN BE WITHDRAWN FROM THE FUNERAL BENEFIT FUND OR WILL BE PAID FROM THE FUNERAL TRANSFER FUND BEFORE THAT TIME**, except during the cooling-off period.

I/We acknowledge that Foresters Financial does not guarantee the investment performance of the Funds.

I/We acknowledge that if I/we have received this Application Form from the Internet or other electronic means, I/we declare that I/we have received it personally, or a printout of it, accompanied by or attached to the complete Foresters Financial Funeral Benefit Fund Funeral Bond Product Disclosure Statement dated 1 July 2020.

I/We acknowledge that my/our personal information will be collected, used and disclosed in accordance with Foresters Financial Privacy Policy and with the law.

I/We acknowledge that Foresters Financial may from time to time offer goods and services appropriate for my needs and interests.

I/We consent to my/our information being used for direct marketing subject to my/our right to opt-out by calling 1800 645 326. If you do **NOT** wish to be updated with such opportunities please mark the box below. Foresters Financial may use service providers, such as posting services to assist us in doing so. *If you do not mark the box we will assume that you want to hear about these opportunities.*

I/We acknowledge that by providing my/our email address in this Application Form, Foresters Financial may use this address to provide me, where permitted by law or regulation, information via email about my/our Funeral Bond and/or my Away From Home Cover policy/policies, including any communications such as annual statements to satisfy any continuous disclosure requirements

I/We acknowledge that if I/we have applied for membership of the **Away From Home Cover** that:

I/We currently reside in our permanent residence which is within 100km of my/our nominated or assigned funeral director as set out in Part 2 of this PDS Application Form; and

I/We are over 18 years and under 85 years of age; and

Policies issued from the Funeral Transfer Fund have no surrender value and I/we will be unable to make a claim on the Funeral Transfer Fund unless I/we meet the eligibility conditions described in the PDS.

Signature
Applicant 1*

Date

Signature
Applicant 2*

Date

*Where applicant is aged from 10 and under 16 years of age, a parent or guardian must sign.

QUEENSLAND RESIDENTS: It is a regulatory requirement of the Queensland Government for you to complete a Client Care Statement which must accompany your application. Visit www.forestersfinancial.com.au/qccs to download the form.

Part 5: Direct Debit Request (DDR) Form

Please use **CAPITAL** letters.

To comply with banking requirements, if completing the Credit Card Details section this form must be **mailed by post** to the address listed below.

Date

To Foresters Financial Limited, User ID 028104
PO Box 7702
Melbourne VIC 3004

Account Holder 1/
Company Name

Account Holder 2
(if joint policy)

ABN/ ARBN
(if applicable)

I/We, request and authorise you, Foresters Financial Limited, until further notice in writing to debit the nominated account described in the schedule below to pay for investment or insurance policies.

I/We understand and acknowledge that:

1. The Bank/Financial Institution may in its absolute discretion determine the order of priority of payments by it of any money's pursuant to this request or any authority or mandate; and
2. The Bank/Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits.
3. I/We acknowledge that this direct debit or charge will be arranged by Foresters Financial's financial institution and made through the Bulk Electronic Clearing System Framework (BECS) from our nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Payment Method

A. Bank Details

Name/s on Account

Bank

BSB Number (Must be 6 Digits)
Account Number

Signature Account Holder 1 Date

Signature Account Holder 2 Date

AND/OR

B. Credit Card Details

Reminder: For ongoing credit card payments this section must be completed by hand and mailed to Foresters Financial. One-Off credit card payments can be completed by calling Foresters Financial directly on 1800 009 313 - no DDR form required.

Visa OR Mastercard

Credit Card Number

Expiry Date Security Code/CVV

(3 digit number on the back of your card)

PLEASE NOTE: American Express cards are not accepted.

Please turn over to complete the form.

Payment Frequency**A. One-off Payment**
 Credit Card OR Bank Account

 Amount to be deducted \$

 Deduction to be made on/or after this date
AND/OR**B. Ongoing Payment**
 Credit Card OR Bank Account

 Amount to be deducted \$
 Target Amount \$

 Frequency of deductions Fortnightly Monthly Quarterly Half-Yearly Yearly

 Deduction to be made on/or after this date
Contact Details - Account Holders**Account Holder 1**
 Name
 Street Address
 Suburb
 State Postcode
 Phone
 Email
Account Holder 2
 Name
 Street Address
 Suburb
 State Postcode
 Phone
 Email
Signature - Account Holders
Signed in accordance with authority on your account:

 Signature

 Date

Contact details as above

 Signature

 Date

Contact details as above

Contact Details - Company**Signatory 1**
 Name
 Street Address
 Suburb
 State Postcode
 Phone
 Email
Signatory 2
 Name
 Street Address
 Suburb
 State Postcode
 Phone
 Email
Signature - Company
Signed in accordance with authority on your account:

 Signature

 Position Held

 Date

Contact details as above

 Signature

 Position Held

 Date

Contact details as above

Part 6: Direct Debit Request (DDR) Service Agreement

This document outlines Foresters Financial Limited, User ID 028104, ABN 27 087 648 842 obligations to you, in respect of the DDR arrangements made between Foresters Financial and you. It sets out your rights and obligations to us, together with where you should go for assistance.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

DEFINITIONS

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

Direct Debit Request (DDR) means the written, verbal or online request between us and you to debit funds from your account.

us or we means Foresters Financial, (the Debit User) you have authorised by requesting a Direct Debit Request.

you means the customer(s) who has authorised the Direct Debit Request.

your financial institution means the financial institution at which you hold the *account* you have authorised us to debit.

INITIAL TERMS OF AGREEMENT

In terms of the DDR arrangements specified on your DDR Form we undertake to periodically debit the nominated account for the agreed amount for contributions to your Policy.

DIRECT DEBIT ARRANGEMENTS

The first direct debit under this DDR arrangement will occur in accordance with your DDR form. If any direct debit falls due on a non-banking day, it will be debited to your account on the next business day following the scheduled direct debit date.

We will give you at least 14 days' notice in writing when changes to the initial terms of the arrangements are made. The notice will state relevant changes to the initial terms.

CHANGES TO THE ARRANGEMENT

All changes to the DDR arrangements must be in writing and forwarded directly to Foresters at least 7 business days prior to the date of your specific change. These changes may include:

- Deferring a direct debit; or
- Altering the schedule; or
- Stopping an individual debit; or
- Suspending the DDR; or
- Cancelling the DDR completely.

If you wish to discuss any changes to the initial terms, telephone us on 03 8580 4000 or 1800 645 326 (free call).

YOUR COMMITMENT TO US

It is your responsibility to ensure that:

- Your nominated account can accept direct debits (your financial institution can confirm this) as this option may not be available on all accounts via the Bulk Electronic Clearing System (BECS);
- On the direct debit date there are sufficient cleared funds in the nominated account;
- You advise us if the nominated account is transferred or closed;
- You arrange a suitable payment alternative should your bank terminate the DDR for any reason;
- You ensure that all authorised signatories nominated on the financial institution account to be debited sign the Direct Debit Request;
- You check your account statement to verify that the amounts debited from your account are correct; and
- You check with your financial institution before completing the DDR if you have any queries about how to complete the DDR.

If a direct debit is returned or dishonoured by your financial institution, you will be advised in writing that we will add that debit amount on the next scheduled direct debit date. Any transaction fees incurred by us in respect to the above may be recovered by adding that amount to the next scheduled direct debit.

DISPUTES

If you believe that a direct debit has been initiated incorrectly, we recommend that you take the matter up directly with us by contacting us on 03 8580 4000, or 1800 645 326 (free call), during office hours.

If the dispute is unresolved and/or you are dissatisfied with the response, contact your financial institution who will respond to your claim. You will receive a refund of the direct debit amount if we cannot substantiate the reason for the direct debit.

ENQUIRIES

Direct all enquiries to us, rather than your financial institution, at least 5 business days prior to the next scheduled direct debit date. All communication should include your member and policy numbers.

Simply contact us on 03 8580 4000, or 1800 645 326 (free call), during office hours.

CONFIDENTIALITY

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you to the extent specifically required by law; or for the purposes of this agreement (including disclosing information in connection with any query or claim).