

## Away From Home Cover - Claim Form

Please use **CAPITAL** letters.

### Part 1: Details of Deceased Member

Member Number:

Policy Number:

First name:

Middle Name:

Last name:

Home address:

(usual place of residence)

Suburb:

State:

Postal code:

Date of birth:

Date of death:

Place of Death:

  

### 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

Please complete payment details below for payment to the:

<input type="checkbox"/>	Funeral Firm:	<input type="text"/>
<input type="checkbox"/>	Executor:	<input type="text"/>
<input type="checkbox"/>	Estate:	<input type="text"/>

Please pay proceeds to the following Bank Account

Account Name:	<input type="text"/>		
Bank Name:	<input type="text"/>		
BSB Number:	<input type="text"/>	Account Number:	<input type="text"/>

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

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

## Part 4: Declaration

In making this claim I confirm and acknowledge that:

- I am the legal representative of the deceased and the information provided is true and correct;
- The deceased member (named in Part1) was permanently living at the address noted in Part 1 and died 100km or more from their permanent residence;
- The deceased member has not spent more than 3 months away from their permanent residence in the past 12 months;
- Payment of benefit for the joint policyholder (if applicable) has not been claimed previously; and
- Application to claim has been made within 6 months of the member's death.

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

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Copy of Death Certificate/Medical Cause of Death  |
| <input type="checkbox"/> | A schedule of costs incurred in the form of a tax invoice for transfer of the deceased                              |
| <input type="checkbox"/> | Receipt from the funeral firm (only required for estate or executor payments)                                       |
| <input type="checkbox"/> | Copy of the Probate/Will and Testament (only required if benefit is payable to the executor 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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**PLEASE SEND YOUR CLAIM FORM ALONG WITH SUPPORTING DOCUMENTATION TO:**

**FORESTERS FINANCIAL**

**PO Box 7702**

**Melbourne VIC 3004**

Our privacy policy covers how we handle your personal information and is available at [www.forestersfinancial.com.au/privacy](http://www.forestersfinancial.com.au/privacy) or by calling us on 1800 645 326.