

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. Tax invoice from Funeral Firm is attached. *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 Wealth Plus

- 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/Solicitor's Trust Account
- 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)
- Funeral firm as funeral expenses have not been paid. Tax invoice from Funeral Firm is attached. *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, Executor or Solicitor's Trust Account.

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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OFFICE USE ONLY

Actioned by:

Date:

D	D	M	M	Y	Y	Y	Y
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Our privacy policy covers how we handle your personal information and is available at www.forestersfinancial.com.au/privacy or by calling us on 1800 645 326.