FUNERAL BOND

Application Form

FORESTERS
FINANCIAL

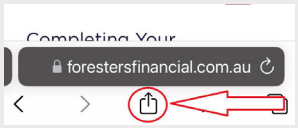
Dated: 1 July 2025 ABN 27 087 648 842 AFSL 241421

Before you start

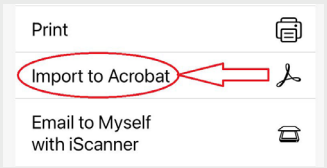
If you are using an iPhone or iPad to fill out this application form, you will need to download the free Adobe Acrobat Reader App from the App store.

Once you have downloaded the app and created an account, you are ready to go.

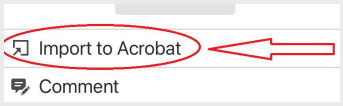
1. First click the Share icon at the bottom of your screen



2. Select 'Import to Acrobat' from the menu



3. Click ' Import to Acrobat' and your PDF will now be fillable



If you need any assistance with this step, please call Investor Services on 1800 645 326 or email service@forestersfinancial.com.au

Completing Your Application Form

The 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.

Please note: Your application will be delayed if we do not receive a fully completed Application Form. Upon approval of your application and receipt of cleared funds, your application will be processed within three business days.

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

	Single/Joint application	Investor	Power of Attorney (POA)
Part 1: Personal Information	**Single:** complete Applicant 1 detail **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 Power of Attorney Details section
Part 2: Your Beneficiary & Investment Options	**Beneficiary Option:** If you have a preferred funeral director, please provide their details in this section. Alternatively, mark the Non-Assigned Funeral Bond option. **Investment Option:** Please select your preferred investment option. There are five (5) options to choose from the default being the Balanced option, with four (4) market-linked options to choose from: Sustainable, Balanced, Growth and High Growth.		
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.		

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 Bond Product Disclosure Statement dated 1 July 2025 (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 Middle Name

Last Name

Birth Date D D M M Y Y Y Y

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 Middle Name

Last Name

Birth Date D D M M Y Y Y Y

Street Address

Suburb State Postcode

Telephone (Day) Mobile

Email

Power of Attorney Details

ONLY complete this section if you would like a Power of Attorney to sign on your behalf. Please note if this Application Form is signed under a Power of Attorney then a certified copy of the power of attorney will need to be provided along with this application form. Please note that all certifications must be dated within the last 12 months.

POA 1

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First Name | Middle Name

Last Name

Birth Date D D M M Y Y Y Y

Street Address

Suburb | State | Postcode

Telephone (Day) | Mobile

Email

POA (If Applicable)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First Name | Middle Name

Last Name

Birth Date D D M M Y Y Y Y

Street Address

Suburb | State | Postcode

Telephone (Day) | Mobile

Email

Part 2: Your Beneficiary & Investment Options

Please choose your beneficiary option from the following, which are set out in detail in the Product Disclosure Statement:

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

☐ **1. Non-Assigned Funeral Bond**

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**

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 Fund Rules, do hereby nominate the following funeral director to be able to make a claim on my policy upon the death of the Life Insured.

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

Company Name					
Street Address					
Suburb		State		Postcode	
Contact Name					
Telephone					
Email					

Applicant Declaration

I/We understand and assume full responsibility for the risks associated with my investment options in relation to my Funeral Bond.

I/We select the following investment option for the Bond (only one option allowed):

☐ Capital Guaranteed ☐ Sustainable ☐ Balanced ☐ Growth ☐ High Growth

Please note: If you do not select an investment option for the Bond, then the Balanced investment option, as the default investment option, will be automatically applied. A future switch into the Capital Guaranteed investment option is not permitted.

Part 3: Payment Details

Please indicate below, the allocation of the total amount invested to Foresters Financial.

Funeral Bond Investment[1]	$ ☐☐☐☐☐ . ☐☐
Away From Home Cover (if applicable)	$ ☐☐☐☐☐ . ☐☐
Total Initial Amount Paid To Foresters Financial [2]	$ ☐☐☐☐☐ . ☐☐
Balance still outstanding (if applicable)	$ ☐☐☐☐☐ . ☐☐

[1] This amount represents the total funeral investment, excluding administration fees.

[2] Please ensure that your initial contribution covers your Away From Home Cover (if applicable).

Payment Type

Important: The preferred payment method is BPAY and/or direct debit to ensure timely purchasing of units for unitised investment options. Foresters is unable to purchase units until we have received your cleared funds. Upon approval of your application and receipt of cleared funds, your application will be processed within three business days.

Please mark applicable

Initial (One-off)	Instalments (Ongoing)	Method
☐	☐	**BPAY** Once your application is approved, Foresters Financial will contact you by email or phone to provide you with your unique BPAY Reference Number. BPAY accepts payment using your bank account or credit card, paid via your internet banking. You will need to quote the biller code and your unique reference number that you will receive from us.
☐	☐	**Direct debit from bank account** Please complete the Direct Debit Request Form at the back of this Application Form.
☐		**Deposit/EFT (Electronic Funds Transfer)** **Bank:** Westpac **Name of Account:** Foresters Financial Combined **BSB:** 033059 **Account Number:** 456732 **Reference/Description:** Please ensure the reference field includes applicant 1's full name

Part 4: Declaration

I/We have read, and agreed to be bound by the Foresters Financial Funeral Bond Product Disclosure Statement dated 1 July 2025 (PDS).

I/We agree to be bound by the Rules of Foresters Financial Funeral Benefit Funds 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.

If the Application Form is signed under a Power of Attorney (POA), the Attorney confirms that no revocation of the POA has been received before completing the Application Form.

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 LIFE INSURED OR IN THE CASE OF JOINT APPLICANTS, THE DEATH OF THE FIRST JOINT APPLICANT and NO MONEY CAN BE WITHDRAWN FROM THE FUNERAL BENEFIT FUNDS 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 all investments are subject to risk and that risks of investing in the Funds have been described in this PDS and understood by me/us.

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 Bond Product Disclosure Statement dated 1 July 2025.

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 confirm that I have made reasonable efforts to ensure the following:

1. The individual who is designated to be the Life Insured has been duly notified of the policy that has been initiated on their behalf.
2. There are no other funeral pre-paid or bond policies opened for this individual (i.e., the Life Insured/person to whom the funeral service will be performed for).
3. The source of the funds are legitimate, and have not been taken from an account of the Life Insured without authorisation/consent from the Life Insured.

If signing as a POA, I/we advise that to the best of my/our knowledge, my POA appointment has not been suspended or revoked, and if I have been appointed as a joint attorney, the office of one or more of my co-attorneys has not become vacant.

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

- I/We currently reside in my/our permanent residence which is within 100km of my/our nominated 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 this PDS.

Signature of Applicant 1 (Or POA if applicable)

Date D D M M Y Y Y Y

Signature of Applicant 2 or Joint POA (if applicable)

Date D D M M Y Y Y Y

*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.

Return Details

RETURN BY EMAIL

Ensure to include identification documents where relevant to: *service@forestersfinancial.com.au*

OR RETURN BY POST

Ensure to include identification documents where relevant to:

PO Box 7702, Melbourne VIC, 3004

Part 5: Direct Debit Request (DDR) Form

Please use CAPITAL letters.

Date D D M M Y Y Y Y

To Email to
service@forestersfinancial.com.au

Or via post 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 insurance, investment or Bonds 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

Bank Details

Name/s on Account

Bank

BSB Number
(Must be 6 Digits)

Account Number

Signature
Account Holder 1

Date D D M M Y Y Y Y

Signature
Account Holder 2

Date D D M M Y Y Y Y

Please see next page to ensure full completion of the form.

Payment Frequency

A. One-off Payment

Amount to be deducted $.

Deduction to be made on/or after this date D D M M Y Y Y Y

AND/OR

B. Ongoing Payment

Amount to be deducted $. Target Amount $.

Frequency of deductions ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

Deduction to be made on/or after this date D D M M Y Y Y Y

Contact Details – Account Holders (**MUST** be completed regardless of the chosen payment frequency)

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 MANDATORY

Signed in accordance with authority on your account:

Signature

Date D D M M Y Y Y Y

Contact details as above

Signature

Date D D M M Y Y Y Y

Contact details as above

Contact Details – Corporate Investor

Signatory 1

Name

Street Address

Suburb

State Postcode

Phone

Email

Signatory 2

Name

Street Address

Suburb

State Postcode

Phone

Email

Signature – Corporate Investor

Signed in accordance with authority on your account:

Signature

Position Held

Date D D M M Y Y Y Y

Contact details as above

Signature

Position Held

Date D D M M Y Y Y Y

Contact details as above

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 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 contact us on 1800 645 326 (free call) during office hours, so we can assist you.

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 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).

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ForestersFinancial.com.au
Freecall 1800 645 326
PO Box 7702, Melbourne, VIC 3004.