## DEATH CLAIM

Form





Please use CAPITAL letters.

## Part 1: Details of Deceased Member

Member Number							
Policy Number(s)							
First Name	Middle Name						
Last Name							
Street Address							
Suburb	State Postcode						
Country (If other than Australia)							
Date of Birth	DDMMYYYY Date of Death DDMMYYYY						
Part 2: Details of Claimant							
Note: If more than one claimant/executor needs to sign this form, please add details in Part 4.							
First Name	Middle Name						
Last Name							
Company Name (If applicable)							
Street Address							
Suburb	State Postcode						
Country (If other than Australia)							
Telephone (Day)	Mobile Mobile						
Email							

## Part 3: Payment Instructions

. Please select the preferred payment option.						
uneral Funds						
Bank account in the name of the Estate¹/Executor²/Solicitor's Trust Account.						
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. Receipt 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.						
Nominated Beneficiary(s) of the policy as previously registered with Foresters.						
Spouse payment.  Note: Only applicable for Insurance Benefit Funds.						
vestment or Education Funds						
Bank account in the name of the Estate¹/Executor²/Solicitor's Trust Account.						
Nominated Beneficiary(s) of the policy as previously registered with Foresters.						
Please complete the payment details below.						
Payee 1						
Account Holder Name						
Bank						
BSB Number (Must be 6 Digits)  Account Number						
Payee 2 (if applicable)						
Account Holder Name						
Bank						
BSB Number (Must be 6 Digits)  Account Number						

 $<sup>1\, \</sup>hbox{Payment to the estate can only be made if the Bank account is in the name of the deceased's estate}\\$ 

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

## **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							
Tax Invoice from funeral firm for the funeral expenses of the deceased							
Receipt from the funeral firm showing payee of funeral expenses of the deceased							
Copy of the Will	and Testament						
Signature of Claimant named in Part 2			Date	DD MM YYYY			
Name of Additional Claimant							
Signature of Additional Claimant			Date				
Return Details							
RETURN BY EMAIL claims@forestersfinancial.com.au		OR	PO Box 7	BY POST 7702 ne VIC 3004			

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