

REASSIGNMENT FORM



Please use CAPITAL letters.

Part 1: Member Details

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Name	<input type="text"/>								
Member Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Number/s	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>								
Change of Address	<input type="text"/>								
(if applicable)	<input type="text"/>								

Part 2: Current Assignment/Nomination Details

Date Policy Commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Funeral Firm	<input type="text"/>								
Address	<input type="text"/>								
Suburb	<input type="text"/>				State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>

I would like to request the following changes to my funeral policy shown above.

- A. ☐ Unassign my policy from the Funeral Firm named above. **Please complete Part 4.**
- B. ☐ Change my nominated Funeral Firm named above. **Please complete Part 3.**
- C. ☐ Change my assigned Funeral Firm named above. **Please complete Part 4 and Part 5.**

Member Declaration

Member Signature

Joint Member Signature (if applicable)

Name of Member

Name of Joint Member (if applicable)

Date

Date

Please note: If this form is being completed by the Power of Attorney (POA) on behalf of the member, please forward a Certified Copy of the Power of Attorney document along with Certified Copy of POA's Identification.

Part 3: Updated Nomination Details

Name of
Funeral Firm

Street Address

Suburb

State

Postcode

Part 4: Reassignment Acceptance by Assignor Funeral Firm

Please have this section completed by assignor (current) funeral firm

We

(Funeral Firm/Assignor)

assign all of our rights, title and interest in respect of the Foresters Financial Funeral Policy noted to the Funeral Firm who signs below as the Assignee Funeral Firm.

This assignment may be conditional upon payment of an agreed administration fee which represents the actual cost incurred by the Assignor Funeral Firm to reassign the funeral policy.

Administration Fee
(If applicable)

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Name and Position of Authorised Representative
of the Assignor Funeral Firm

Name of Witness

Signature of Authorised Representative

Signature of Witness

Date

Date

Part 5: Reassignment Acceptance by Assignee Funeral Firm

Please have this section completed by assignee (proposed) funeral firm

Name of Funeral Firm	<input type="text"/>				
Street Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

We acknowledge that we, the above Assignee Funeral Firm, agree to accept the reassignment of the funeral policy noted from the Assignor Funeral Firm under the Terms and Conditions of the executed contract between the member and the assignor funeral firm.

Name and Position of Authorised Representative of the Assignee Funeral Firm

Signature of Authorised Representative

Date

Name of Witness

Signature of Witness

Date

Office Use Only

Signature of Authorised Officer of Foresters Financial
(ABN 27 087 648 842)

Date

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

Our privacy policy covers how we handle your personal information and is available at www.forestersfinancial.com.au/privacy or by contacting us

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

