

# PrepaidPlus

## Application Form



## Part 1: Applicant/Beneficiary Details

Funeral Contract Reference Number

**IMPORTANT INFORMATION** Prior to signing this application, applicants should read and have a copy of Foresters Financial PrepaidPlus Product Disclosure Statement dated 1 July 2025. (Please use CAPITAL letters if handwriting)

Single Application (please complete Applicant 1 below)  Joint Application (please complete Applicant 1 & 2 below)

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  PrepaidPlus Funeral Plan AND  Away From Home Cover

### Applicant 1

Title  Mr  Mrs  Ms  Miss  Other

First Name  Middle Name(s)

Last Name  Birth Date

Street Address

Suburb/Town  State  Postcode

Mobile  Home Phone

Email

### Applicant 2 (If applicable)

Title  Mr  Mrs  Ms  Miss  Other

First Name  Middle Name(s)

Last Name  Birth Date

Is your address the same as applicant  Yes  No, complete the details below

Street Address

Suburb/Town  State  Postcode

Mobile  Home Phone

Email

## Part 2: Power of Attorney Details

If you have a Power of Attorney (POA) acting on your behalf, a certified copy of the Power of Attorney arrangement (endorsed in the past 12 months) will need to be submitted with this application form. By signing this Application, the Power of Attorney confirms that no revocation of the POA has been received before completing the Application Form.

### Power of Attorney (If applicable)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>								
First Name	<input type="text"/>			Middle Name(s)		<input type="text"/>								
Last Name	<input type="text"/>			Birth Date	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y		
Is your address the same as applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	, complete the details below											
Street Address	<input type="text"/>													
Suburb/Town	<input type="text"/>				State	<input type="text"/>		Postcode	<input type="text"/>					
Mobile	<input type="text"/>				Home Phone	<input type="text"/>								
Email	<input type="text"/>													

### Power of Attorney (If applicable)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>								
First Name	<input type="text"/>			Middle Name(s)		<input type="text"/>								
Last Name	<input type="text"/>			Birth Date	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y		
Is your address the same as applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	, complete the details below											
Street Address	<input type="text"/>													
Suburb/Town	<input type="text"/>				State	<input type="text"/>		Postcode	<input type="text"/>					
Mobile	<input type="text"/>				Home Phone	<input type="text"/>								
Email	<input type="text"/>													

## Part 2: Assigned Prepaid Funeral Plan (fixed price funeral)

### Applicant/Beneficiary Declaration

PrepaidPlus includes a Prepaid Funeral Plan, which must be assigned to a contracted funeral director. This is required under the Life Insurance Act 1995 (Cth) and Foresters Financial's Constitution.

I/We in accordance with the Life Insurance Act 1995 (Cth), and the Foresters Financial Constitution do hereby assign my/our interest in the Foresters Financial Prepaid Funeral Plan to:

Company Name	<input type="text"/>							
Company ABN/ACN	<input type="text"/>							
Street Address	<input type="text"/>							
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	<input type="text"/>							
Telephone	<input type="text"/>	Email	<input type="text"/>					

- I acknowledge assignment transfers ownership of my Prepaid Funeral Investment in the funeral benefit fund to my contracted funeral director listed above.
- The assignment is subject to me entering into a Prepaid Funeral contract, or other bona fide funeral or burial arrangement and that Foresters Financial does not accept any liability or responsibility to ensure that such contract or other bona fide funeral or burial arrangement is met in part or in full.
- An assignment is not valid until registered by Foresters Financial and that despite the assignment, the Applicant(s) remains a member of the Funeral Benefit Fund and or Foresters Financial; and
- The assignor(s) is over 16 years of age.

Signature of Applicant/ Beneficiary or POA 1	<input type="text"/>	Date	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Signature of Applicant/ Beneficiary or POA 2	<input type="text"/>	Date	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y

### Funeral Director Declaration

As the Funeral Director, I accept the assignment with full understanding that:

- The investment allocation of the value of the Plan will be exercised by me;
- I/We understand and assume full responsibility for the risks attaching to a decision as to the investment allocation of the Plan and agree to provide the prepaid funeral plan contracted funeral services irrespective of the value of the Plan investment at the relevant date; and
- I/We confirm that we have made reasonable efforts to ensure the following:
  1. There are no other funeral prepaid or bond policies opened for this individual (i.e., the Life Insured/person to whom the funeral service will be performed for).
  2. The applicant has been duly notified of the policy that has been initiated on their behalf.
  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.

Signature of Funeral Director	<input type="text"/>	Date	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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## Part 3: Optional Away From Home Cover

Do you wish to take out an Away from Home Policy?  Yes  No

Amount to Pay \$  1  2  0 .  0  0

## Part 4: Prepaid Funeral Plan Payment Details

Prepaid Funeral Plan excluding GST

\$      .

Away from Home Cover (if applicable)

\$      .

GST

\$      .

Total cost of Prepaid Funeral including optional Away from Home Cover.

\$      .

Initial Payment Amount including optional Away from Home Cover (if applicable)  
(Please note \$100 minimum is required for your Prepaid Funeral Plan)

\$      .

Balance still outstanding (if applicable)

\$      .

## Part 5: Prepaid Funeral Plan Payment Arrangements.

Please mark applicable

Initial (One-off)	Instalments (Ongoing)	Method
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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

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 on Page 6 of this Application Form.

Initial deduction date on or after  DD  MM  YY  YY  YY  YY Initial deduction amount \$      .

## Prepaid Funeral Plan Investment Option (To be selected by the Funeral Home Only)

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

Investment Amount

\$      .

This amount represents the total funeral service costs, excluding GST and administration fees.

Subject to and upon the registration of this assignment by Foresters Financial I/we select the following investment option for the Prepaid Funeral Plan

Capital Guaranteed (Default)  Sustainable  Balanced  Growth  High Growth

If you do not select an investment option for the Prepaid Funeral Plan, the Capital Guaranteed investment option will automatically applied as the default.



## Part 7: Direct Debit Request Authority (Complete only if you selected a Direct Debit Payment Option)

### Account Holder or Company 1

Name	<input type="text"/>				
Street Address	<input type="text"/>				
Suburb/Town	<input type="text"/>				
State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>				
Email	<input type="text"/>				
ABN (If Company)	<input type="text"/>				
Position (If Company)	<input type="text"/>				

### Account Holder or Company 2

Name	<input type="text"/>				
Street Address	<input type="text"/>				
Suburb/Town	<input type="text"/>				
State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>				
Email	<input type="text"/>				
ABN (If Company)	<input type="text"/>				
Position (If Company)	<input type="text"/>				

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

Account Name	<input type="text"/>													
Financial Institution	<input type="text"/>													
BSB	<input type="text"/>													
Account Number	<input type="text"/>													
Signature of Account Holder 1	<input type="text"/>						Date	<input type="text"/>						
Signature of Account Holder 2	<input type="text"/>						Date	<input type="text"/>						

# 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)

## Part 8: Applicant Declaration

I/we declare that I/we have received this application personally, or a printout of it, have read and agreed to be bound by the Foresters Financial PrepaidPlus Product Disclosure Statement dated 1 July 2025 (PDS).

I/we agree to be bound by the rules of Foresters Funeral Benefit Funds and/or the Funeral Transfer Fund (collectively called the Funds) as amended from time to time.

I/we acknowledge that the prepaid funeral plan, funeral bond (if applicable) 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 does not guarantee the investment performance of the funds, and that all investments are subject to risk and that risks of investing in the funds are described in this PDS and understood by me/us.

I/we acknowledge that my/our personal information will be collected, used and disclosed in accordance with Foresters Privacy Policy and applicable law.

I/we acknowledge that Foresters may 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. Foresters may use service providers to assist us in doing so.

Mark the box if you do not want to receive this information.

I/we acknowledge that by providing my/our email address in this application form, Foresters may use this address to provide me, where permitted by law or regulation, information via email about my/our funeral plan, funeral bond or away from home cover policy/policies, including any communications such as annual statements to satisfy any continuous disclosure requirements

Away from home cover: I/we confirm that if applied, I/we reside within 100km of my/our nominated funeral director and are aged between 18 and 85 years. Policies issued from the Funeral Transfer Fund have no surrender value and claims can only be made if eligibility conditions in the PDS are met.

Power of attorney: If signed under a power of attorney (POA), the attorney verifies that no notice of revocation of that power has been received at the date of completing this application and will provide a certified copy of the POA along with this form, if not previously provided to Foresters.

By assigning your prepaid funeral plan and nominating a funeral director as the beneficiary of your funeral bond (if applicable), you agree to the funeral director having access to your investment information. Your nominated funeral director for the funeral bond can be changed at any time prior to death, please note, fees and charges may be applicable.

An assignment transfers ownership of my/our Plan investment in the Funeral Benefit Fund to my/our contracted funeral director and is subject to entering into a prepaid funeral contract or other bona fide arrangement. Foresters does not accept liability for fulfillment of such arrangements.

An assignment is not valid until registered by Foresters. Despite the assignment, the applicant(s) remains a member of the Funeral Benefit Fund and Foresters.

The assignor(s) must be over 16 years of age.

I/we agree that if multiple funeral policies are affected, aggregate contributions will not exceed the cost of the chosen funeral.

Where applicant is aged from 10 and under 16 years of age, a parent or guardian must sign.

Signature of  
Applicant 1 (or POA)

Date

Signature of  
Applicant 2 (or POA)

Date

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](http://www.forestersfinancial.com.au/qccs) to download the form.



[forestersfinancial.com.au](http://forestersfinancial.com.au)  
1800 645 326 (free call)  
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