

DEATH CLAIM Form



Please use CAPITAL letters and fill in to the best of your ability.

Part 1: Details of Deceased Member

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"/>
	<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"/>
First Name	<input type="text"/>				Middle Name	<input type="text"/>			
Last Name	<input type="text"/>								
Street Address	<input type="text"/>								
Suburb Country (If other than Australia)	<input type="text"/>				State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>
	<input type="text"/>								
Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Death	<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"/>

Part 2: Details of Legal Representative / Claimant

First Name	<input type="text"/>				Middle Name	<input type="text"/>			
Last Name	<input type="text"/>								
Company Name (If applicable)	<input type="text"/>								
ABN (If applicable)	<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"/>
Street Address	<input type="text"/>								
Suburb Country	<input type="text"/>				State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>
(If other than Australia)	<input type="text"/>								
Telephone (Day)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<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"/>								

Part 3: Payment Instructions

A. Please select the investment product that was held by the deceased member and the preferred payment option.

Funeral Plan

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 Plan

Investment Bond and Education Bonds

- ☐ Bank account in the name of the Estate¹/Executor²
- ☐ Nominated Beneficiary(s) of the policy as previously registered with Foresters

Insurance Benefit Plan

Sick & Funeral

- ☐ 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 Holder Name	<input type="text"/>																				
Bank	<input type="text"/>																				
BSB Number	<input type="text"/>			<input type="text"/>			<input type="text"/>			Account Number			<input type="text"/>			<input type="text"/>			<input type="text"/>		
(Must be 6 Digits)	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	

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 or any other directed account can only be made if a certified copy of the Probate/Letters of Administration with the Will and Testament is provided to Foresters.

C. Payment to Beneficiary/Individual/Spouse

Please pay proceeds to the following Bank Account

Account Holder Name

Bank

BSB Number

(Must be 6 Digits)

Account Number

Part 4: Declaration

In making this claim I confirm I am the legal representative / claimant 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): ***Please ensure to forward a copy of your certified identification (ie. driver's licence or passport) with this death claim for verification purposes.***

☐

Certified copy of Death Certificate/Medical Cause of Death (required)

☐

Invoice from funeral firm for the funeral expenses of the deceased

☐

Receipt from the funeral firm

☐

Certified 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

Signature of Legal Representative 2

Date

Return Details

RETURN BY EMAIL

Ensure to include identification documents where relevant to:

claims@forestersfinancial.com.au

OR

RETURN BY POST

Ensure to include identification documents where relevant to:

PO Box 7702

Melbourne VIC 3004

OFFICE USE ONLY

Actioned by

Date

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

claims@forestersfinancial.com.au

PO Box 7702, Melbourne, VIC 3004.

FORESTERS
FINANCIAL

