Funeral*Bond*

Application Form

FORESTERS FINANCIAL

Dated: 20 July 2026 / ABN 27 087 648 842 / AFSL 241421

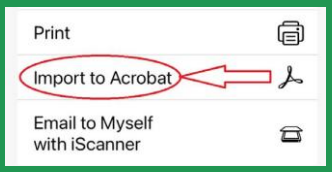
Before you start

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.

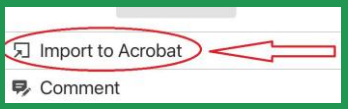
Once you have downloaded the app and created an account, you are ready to go.

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

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 Funeral 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. * indicates a required field to be completed.

	Single/Joint application	Investor with Life Insured
Part 1: Applicant / Beneficiary details	*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.
Part 2: Power of Attorney (POA) details	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, otherwise only complete if the POA is signing the application form for an on behalf of the Life Insured	
Part 3: Your nomination & Investment Options	Nomination Option: If you have a preferred funeral director, please provide their details in this section. Alternatively, mark the Non-Nominated Funeral Bond option.	
Part 4: Funeral Bond plan	*Please provide full Funeral Bond plan payment details. *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 5 & 6: 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 7: Direct Debit Request (DDR) Form	The DDR form can be used for one-off as well as ongoing regular payments. Please ensurethat the bank account holder signs and dates this form.	
Part 4: Declaration	*Please sign and date. For Joint applications, please ensure both applicants complete declaration. The POA needs to sign and date (If applicable)	The Investor needs to sign and date as applicant 2 (if applicable).
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 1: Applicant/Beneficiary Details

IMPORTANT INFORMATION Prior to signing this application, applicants should read and have a copy of Foresters Financial Funeral Bond Product Disclosure Statement dated 20 July 2026. (Please use CAPITAL letters if handwriting)

☐ **Single application** (please complete Applicant 1 below) ☐ **Joint application** (please complete Applicant 1 & Joint applicant below)

☐ **Investor** (complete Investor) **with Life insured** (please complete Life insured 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 ☐ Funeral bond AND ☐ Away from home cover

Applicant 1/Investor

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First name **Middle name(s)**

Last name **Birth date** D D / M M / Y Y Y Y

Street address

Suburb/Town **State** **Postcode**

Mobile **Home phone**

Email

Joint applicant (If applicable) / Life insured

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First name **Middle name(s)**

Last name **Birth date** D D / M M / Y Y Y Y

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 ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First name | Middle name(s)

Last name | Birth date D D / M M / Y Y Y Y

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

Street address

Suburb/Town | State | Postcode

Mobile | Home phone

Email

Power of attorney (If applicable)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First name | Middle name(s)

Last name | Birth date D D / M M / Y Y Y Y

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

Street address

Suburb/Town | State | Postcode

Mobile | Home phone

Email

Part 3: Your nomination

Applicant nomination declaration

Please choose your nomination option from the following as set out in the Product Disclosure Statement.

☐ Nominated funeral director

By nominating a funeral director as your beneficiary, you authorise them to access your investment information. The nominated funeral director may be changed at any time prior to death. All investment information will be provided to both you and your nominated funeral director.

I/We, in accordance with the fund rules, hereby nominate the following funeral director to make a claim on this policy upon the death of the Life Insured.

Company name					
Company ABN/ACN					
Street address					
Suburb/Town		**State**		**Postcode**	
Contact Name					
Telephone		**Email**			

☐ Non-nominated funeral bond

A Non-nominated funeral bond is one where no funeral director has been nominated. All information related to your investment will be sent directly to you. If you select this option, you do not need to complete the funeral director details above.

Part 4: Funeral bond payment details

Funeral bond investment	$.
Administration fee (if applicable)	$.
GST (only applies to the administration fee if applicable)	$.
Optional away from home cover (if selected the set $120.00 is applicable)	$.
Total cost of funeral bond including optional away from home cover.	$.
Initial payment amount including optional away from home cover (if applicable) (Please refer to the PDS for the minimum required for your funeral bond plus the away from home cover)	$.
Balance still outstanding (if applicable)	$.

Funeral bond investment option (to be selected by the Applicant/Beneficiary or their POA, if applicable only)

Investment payment amount $. 0

This amount represents the total amount of your funeral bond, excluding away from home cover administration fees and GST.

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

☐ Capital guaranteed (default) ☐ Sustainable ☐ Balanced ☐ Growth ☐ High growth

If you do not select an investment option for the Funeral Bond, the capital guaranteed investment option will automatically applied as the default.

Part 5: Ongoing funeral bond arrangements (if applicable)

Deduction on or after date D D / M M / Y Y Y Y Deduction amount $.

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

Part 6: Funeral bond payment arrangements.

Please mark applicable

Initial (One-off)	Instalments (Ongoing)	Method
☐		**Deposit/EFT (Electronic Funds Transfer)** **Bank:** Westpac **Name of account:** Foresters Financial Limited **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 D D / M M / Y Y Y Y **Initial deduction amount** $. 0

Part 7: Direct debit request authority (complete only if you selected a direct debit payment option)

Account holder or Company 1		Account holder or Company 2	
Name		Name	
Street address		Street address	
Suburb/Town		Suburb/Town	
State	Postcode	State	Postcode
Phone		Phone	
Email		Email	
ABN *(If Company)*		ABN *(If Company)*	
Position *(If Company)*		Position *(If Company)*	

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 Bank 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.

Bank account details for direct debit

Account name	
Financial institution	
BSB	–
Account number	

Signature of account holder 1		Date	D D / M M / Y Y Y Y
Signature of account holder 2		Date	D D / M M / Y Y Y Y

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 if I/we have received this application form from the internet or other electronic means, I/we have received it personally, or a printout of it,

I/We have read, and agree to be bound by, the Foresters Financial Funeral Bond Product Disclosure Statement dated 20 July 2026 (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.

I/We agree that if I/we affect 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 the case of joint applicant, the death of the first joint applicant.

I/We acknowledge that no money can be withdrawn from the funeral benefit fund before that time, except during the cooling-off period.

I/We acknowledge that Foresters does not guarantee investment performance and that all investments carry risk as described in the PDS.

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

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

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

The individual who is designated to be the life insured has been duly notified of the policy that has been initiated on their behalf.

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).

The source of the funds is legitimate, and have not been taken from an account of the life insured without authorisation/ consent from the life insured.

I/We advise, if signing as a power of attorney (POA), 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

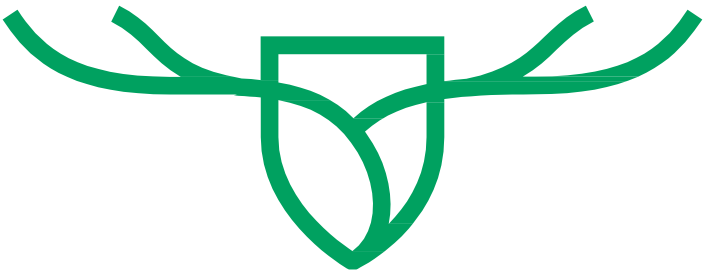
Policies issued from the Funeral Transfer Fund have no surrender value and I/we will be unable to make a claim on the Funeral Transfer Fund unless I/we meet the eligibility conditions described in this PDS.

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

Signature of applicant 1 _____ **Date** D D / M M / Y Y Y Y

Signature of applicant 2 (if applicable) _____ **Date** D D / M M / Y Y Y Y

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.



forestersfinancial.com.au
1800 645 326 (free call)
PO Box 7702 Melbourne VIC 3004