

FUNERAL BOND BENEFIT CLAIM FORM

Section 1 : Deceased Member Details - Please complete in BLOCK letters

Funeral Bond Policy Number

Deceased Member Name

Street Address

Street Address Line 2

City

State

Post code

Date of Birth

Date of Death

Section 2: Legal Personal Representative(s) Details*

Full Name(s)

Address(es)

Email Address(es)

Contact Number

*Executor(s) named in the deceased's last Will or person(s) entitled to apply for Letters of Administration of the deceased's Estate.

Section 3: Documentation to be sent with this claim form

- () Copy of Funeral Expenses Invoice from the Funeral Director.
- () Copy of receipt/s from Funeral Director, if paid in part or full already.
- () Copy of Death Certificate or Medical Cause of Death Form.

Section 4: Payment Instructions

Please select the relevant payment option for funeral expenses:

- () Funeral expenses have NOT been paid and I direct payment to the Funeral Director for the full amount as indicated on the attached invoice.
- () Funeral expenses have been paid in part and I direct payment to Funeral Director for the amount on the funeral invoice provided less the amount on the receipts provided.
- () Funeral expenses have been paid in full (reimbursement will be made to the Estate).

Payment to the Estate

Where no payment instructions above have been made or there is an amount remaining in the Bond, this will be paid to the Estate.

Please note that payments will only be made in accordance with the rules of the Funeral Benefit Fund.

Select preferred Estate payment method:

- () Forward cheque payable to the Estate.
- () Make payment directly to the Estate account. ***If you select this payment method you must provide a copy of a statement showing the account number and that the account is in the name of the 'Estate' . If we are unable to verify this account, we reserve the right to make the payment by cheque.***

Financial Institution Name

Account Holder Name:

BSB:

Account Number:

Estate payments are generally made within ten business days of receipt of all required information.

Section 5: Declaration, Acknowledgement and Signature

I/we declare and acknowledge that:

- I/we am the Legal Personal Representative of the deceased member.
- I/we have read and understood the Society's Privacy Policy which is available at australianfrendlyociety.com.au, and agree that the Society may use and disclose personal information provided on this form in accordance with its Privacy Policy.
- the particulars set out on this surrender form are true and correct.
- in consideration of Australian Friendly Society (the Society) complying with the payment instructions referred to above:
 - o the Estate shall have and will make no further claims against the Society or the Funeral Benefit Fund in relation to the deceased's Funeral Bond; and
 - o I/we agree to indemnify the Society against any loss or damage it may suffer or incur in relation to it not requiring me/us to produce the Estate Probate or Letters of Administration.

Signature(s) of Legal Personal Representative(s)

Date

Signature(s) of Legal Personal Representative(s)

Date

Signature of Witness

Name of Witness

Address of Witness

Please send this completed form and documentation to us by

Email afs@bendigobank.com.au or

Mail Australian Friendly Society, PO BOX 480, BENDIGO VIC 3552

The Society reserves the right to determine whether or not your electronic instruction is properly authorised in our sole discretion. If we are not satisfied that the instruction is properly authorised, we may require you to send us original documentation.