

# APPLICATION FORM CHECKLIST

---

To ensure that we are able to process your Application Form quickly and efficiently, please 'X' that you have completed all of the following.

Applicant(s) must be at least 16 years of age.

Travel Protection Plan only applicants do not need to complete **steps 5, 7 and 9**. **Step 12** is only required if you do not nominate your funeral director (see **step 3**).

## Step 1 – Personal details

Provide the investor(s) personal details.

- Use your full name

Provide your contact details.

## Step 2 – Pre-paid funeral contract details

Indicate whether you have a pre-paid funeral contract in conjunction with the FuneralPlan Bond.

## Step 3 – Travel Protection Plan (optional)

Complete if you wish to apply for the Travel Protection Plan.

Select single or joint application.

Nominate your funeral director or assign your Travel Protection Plan.

Travel Protection Plan applicants must at a minimum nominate a preferred funeral director. Otherwise, please complete the Assignment of Ownership form (see **step 12**) if you wish to assign your Travel Protection Plan benefit entitlement to your preferred funeral director.

## Step 4 – Payment instructions

Provide details on your initial contribution amount.

Specify how you want to pay for your initial contribution.

**Direct debit:** If you are investing by direct debit, please provide your Australian financial institution account details in **step 7** and sign the Direct Debit Request Authorisation.

**BPAY®:** Please contact us on 1800 804 731 (Funeral Directors and Investors) or 1300 133 285 (Advisers), to obtain your customer reference number and our BPAY® Biller code.

**Cheque:** Please make the cheque payable to 'Funeral Plan Management Pty Ltd', <Investor name(s)> and cross it 'Not Negotiable'.

## Step 5 – Instalment Plan

If you wish to start an Instalment Plan, please specify your total contribution amount (minimum initial contribution of \$100, minimum additional contribution of \$50 per month), your regular instalment amount and the contribution frequency to be debited from your nominated Australian financial institution account.

## Step 6 – Australian Financial Institution account details

Please provide your nominated Australian financial institution account details and sign the Direct Debit Request Authorisation.

### Step 7 – Direct Debit Request Authorisation

- Check that all account holders have signed and dated the DDR Authorisation section (if applicable).

### Step 8 – Nomination of Funeral Director

- If you wish to involve a funeral director and you do not wish to use your FuneralPlan Bond in conjunction with a pre-paid funeral, you may nominate your preferred funeral director to receive your FuneralPlan Bond proceeds upon your death.

### Step 9 – Adviser service fee payment instructions

- Please complete this step if a one-off adviser service fee is to be paid to your financial adviser.

### Step 10 – Declaration

- Check that all applicants have signed and dated the Declaration section.

### Step 11 - Investment Option (FuneralPlan Bond applicants only)

- Select your investment option (only **one** option permitted).

If you assign ownership to your funeral director, your funeral director selects the investment option on the Assignment of Ownership Form.

### Step 12 - Assignment of Ownership Form (optional)

- Please complete the Assignment of Ownership Form on page 35 if you want to assign your rights as a benefit fund member and your FuneralPlan Bond benefit entitlement and/or Travel Protection Plan benefit entitlement to your funeral director or if you have arranged a pre-paid funeral with your funeral director. Your funeral director selects the investment option on this form.

### Client Care Statement – Queensland residents only

Queensland State legislation (Funeral Benefit Business Act 1982) requires distributors (selling agents) of funeral bonds to provide clients/investors with a Client Care Statement prior to purchasing a funeral bond product. The Client Care Statement provides warnings about signing contracts, fees, financial advice and cooling off. Queensland residents are required to complete and sign the Client Care Statement and send this together with the FuneralPlan Bond Application Form to us.

If you are purchasing a funeral bond through a financial adviser or funeral director they will provide you with the Client Care Statement, which is also available on our website.

# FUNERALPLAN BOND APPLICATION FORM

Lifepan Australia Friendly Society Limited ABN 78 087 649 492 AFSL 237989.

**Applications for FuneralPlan Bond will only be processed on receipt of the completed Application Form issued in this Disclosure Document dated 19 December 2017.**

Refer to page 27 and 28 for instructions on how to complete this form. Call Investor Services on 1800 804 731 if you have any questions.

Please use **BLACK PEN** and print within the boxes in **CAPITAL** letters. Mark any boxes with a cross (X) where applicable.

Please provide a Client Care Statement with your completed Application Form – Queensland residents only.

This application is for a:  **FuneralPlan Bond** and/or  **Travel Protection Plan**

We will contact you if the Application Form is incomplete. If no new Application Form is received within 30 days, your Application Form will not be processed and your money returned (with any interest earned being retained by us).

## 1. PERSONAL DETAILS

### Applicant 1 (Individual)

Title  Mr  Mrs  Ms  Miss  Other (please specify)

Given names

Surname

Mobile/Phone  Date of birth //

Email

### Residential address for Applicant 1 (not a P.O. Box)

Residential address

Suburb  State  Postcode

### Correspondence address

All correspondence will be sent to this person, unless this policy is in conjunction with a pre-paid funeral contract or assigned to a Funeral Director, in which instance all correspondence will be sent to the Funeral Director.

Same as residential address. Otherwise please complete postal address details below.

Postal address

Suburb  State  Postcode

Email

## Applicant 2 (Joint)

Please note, if a policy is held in joint names, the FuneralPlan Bond benefit can only be used to pay for the expenses of a single funeral. If you wish to cover the cost of both funerals, you may want to consider opening two individual FuneralPlan Bonds.

Title  Mr  Mrs  Ms  Miss Other (please specify)

Given names

Surname

Mobile/Phone  Date of birth //

Email

## 2. PRE-PAID FUNERAL CONTRACT DETAILS

Is this application in conjunction with a pre-paid funeral contract?  Yes  No

### Pre-paid Funeral Contract Applicants (only complete if you answered Yes to the previous question)

Your initial deposit must be sufficient to cover the total pre-paid funeral contract cost inclusive of GST.

Contract amount (GST excluded) \$ ,. plus

GST on pre-paid funeral \$ ,.

**Total amount (GST included)** \$ ,.

Please indicate if GST is included in the amount sent to Funeral Plan Management  Yes  No

## 3. TRAVEL PROTECTION PLAN DETAILS

Complete this if you wish to apply for the Travel Protection Plan.

Single  (\$175 one-off premium)

Joint  (\$300 one-off premium - \$175 for the first applicant and \$125 for the second applicant)

The Travel Protection benefit will be paid for transportation costs incurred by each applicant at the time of the respective funerals provided the entitlement criteria are met.

### Travel Protection Plan Applicants only

Name of funeral director

Business address (nominated funeral home address)

Suburb  State  Postcode

I/We confirm that my/our normal place of residence is within 70km of nominated funeral home.

## 4. PAYMENT INSTRUCTIONS

### Initial contribution

Please specify your initial contribution amount below. The **minimum** initial contribution is \$500 (or \$100 with an Instalment Plan). If you have decided to take out the Travel Protection Plan, please ensure that your initial amount covers both the minimum investment contribution and the one-off Travel Protection premium.

\$ ,.

Please specify how you want to pay for your initial contribution below:

- Direct Debit  Direct Debit collection date / /  (Please complete **step 7**)
- BPAY®  If paying by BPAY®, please contact us on 1800 804 731 to obtain your Customer Reference Number and our BPAY® Biller code
- Cheque  If paying by cheque, please make the cheque payable to 'Funeral Plan Management Pty Ltd', <Investor name>' and cross it 'Not Negotiable'.

## 5. INSTALMENT PLAN

If you wish to start an Instalment Plan, please specify your total contribution amount, your regular instalment amount and the contribution frequency to be debited from your nominated Australian financial institution account.

I wish to invest the total amount of \$ , .

Regular instalments \$ , .  (minimum \$50)

Instalment Plan direct debit frequency:  Fortnightly  Monthly  Quarterly

## 6. AUSTRALIAN FINANCIAL INSTITUTION ACCOUNT DETAILS

Please provide your account details below. This account will be used to debit your initial contribution (if applicable), and/or to debit your account under the Instalment Plan from time to time as advised (if any) in **step 5**.

Name of Australian financial institution

Name of account owner(s)

Branch name:

Branch number (BSB) - Account number

Please ensure that you complete the Direct Debit Request Authorisation section.  
If the above account is held in joint names please ensure that both account holders sign.

## 7. DIRECT DEBIT REQUEST AUTHORISATION AND DECLARATION

Direct Debit start date: / /  (At least three business days' notice is required)

- I/we authorise Lifeplan (User ID Number: 086326) to debit this nominated account with the initial contribution shown in **step 4** and/or Instalment Plan contribution shown and the direct debit cycle I/we have selected in **step 5**.
- I/We have read the Direct Debit Request Service Agreement provided within this Disclosure Document and agree with its terms and conditions.
- I/We acknowledge that this arrangement will remain in force until the total amount advised under the Instalment Plan in the Application Form (if any) has been reached or Lifeplan has received written notice to cancel/alter this arrangement.

Signature of Account Owner 1

Date: / /

Signature of Account Owner 2

Date: / /

## 8. NOMINATION OF FUNERAL DIRECTOR (OPTIONAL)

Use this section to nominate a funeral director to receive your FuneralPlan Bond benefit entitlement as a beneficiary upon your death. Please refer to page 17 for details on nominating a funeral director. You can assign your FuneralPlan Bond to a Funeral Director by completing the Assignment of Ownership Form.

I/We nominate my/our funeral director named below:

- to receive payment upon policy maturity; **OR**

if I/We have not entered into a pre-paid contract

- to receive payment upon the policy maturity to meet the reasonable costs of the funeral services provided by the funeral director.

Name of funeral director	<input type="text"/>		
Business address (nominated funeral home address)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Mobile/Phone	<input type="text"/>		
Email	<input type="text"/>		

## 9. ADVICE FEE PAYMENT INSTRUCTIONS

You may instruct us to pay your financial adviser a one-off advice fee. Please note that the agreed advice fee will be deducted from your initial investment amount at the start of the month following your initial contribution into FuneralPlan Bond.

I/We agree that the following amount is deducted from my/our initial investment amount as a one-off advice fee that is paid to my/our financial adviser.

\$ ,. (Including GST)

### Adviser use only

Please note that advisers will NOT receive any payment from us unless the 'Advice fee payment instructions' is completed.

Adviser name	<input type="text"/>		
Dealer group	<input type="text"/>		
Email	<input type="text"/>		
Phone/Mobile	<input type="text"/>	Fax number	<input type="text"/>
AFS Licence	<input type="text"/>	Adviser ID	<input type="text"/>

Please attach your business card to enable us to ensure they have your most up to date details.

## 10. DECLARATION

I/We wish to invest in FuneralPlan Bond and/or the Travel Protection Plan (if applicable) and agree and acknowledge:

- the information I have provided in relation to this Application Form is true and correct;
- I have read the Disclosure Document dated 19 December 2017 and any relevant supplementary disclosure documents relating to the FuneralPlan Bond and/or Travel Protection Plan;
- if I have received this Application Form from the internet or other electronic means, I declare that I have received it personally, or a printout of it, accompanied by or attached to the Disclosure Document and any relevant Supplementary Disclosure Document;
- the amount paid to the FuneralPlan Bond together with that paid to other funeral funds does not exceed the amount reasonably required to meet the cost of my desired funeral arrangements;
- my financial adviser will receive the payments (where applicable) detailed in this Application Form through the deduction from my initial investment;
- Lifeplan is authorised to supply relevant information about me to my financial adviser (where applicable) and the financial adviser's dealer group;
- I agree to be contacted by Australian Unity Limited (AUL) to receive further information about AUL's services, products and news. AUL respects your privacy and complies with all applicable privacy laws including the Privacy Act 1988 (Cth) and the Australian Privacy Principles as stated in our Privacy Policy. To be removed from our email distribution list, please phone : Funeral Directors - 1800 804 731, Advisers - 1300 133 285;
- by providing my email address in this application, Lifeplan may use this address to provide me, where permitted by law or regulation, with information via email about my investment and the FuneralPlan Bond, including any communications such as annual statements to satisfy any continuous disclosure requirements. To alter the communication method, please contact us on 1800 804 731;
- if this Application Form is signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received at the date of completing this Application Form; and
- units in the investment options(s) will not be allocated until Lifeplan has received a completed Application Form and investment monies.

**Signature(s) (all applicants must sign and date this form)**

**Signature of Applicant 1**

X

Date:   /   /

**Signature of Applicant 2**

X

Date:   /   /

## 11. INVESTMENT OPTION (FuneralPlan Bond applicants only)

If you wish to assign the membership to a nominated funeral director, **do not make Investment Option selection here.** The funeral director will select the investment option. **Go to Assignment of Ownership Form.**

I have **not** assigned the ownership to a funeral director, and wish to select the investment option (only **one** option allowed):

Capital Guaranteed       Conservative       Moderate

If you do not select an investment option, the default investment option of the Capital Guaranteed option is automatically applied, which will apply for the life of the bond and cannot be changed. **A switch in or out of the Capital Guaranteed investment option is not permitted.**





## FUNERALPLAN BOND ASSIGNMENT OF OWNERSHIP FORM

This form is for the purpose of assigning your entitlement to benefits under the policy created by your Application Form for membership in the Lifeplan benefit fund.

The assignment will have the effect:

- a) of recording the assigned funeral director as the absolute owner of the policy;
- b) to enable the funeral director to determine the investment allocation of benefits held under the assigned policy in the Lifeplan benefit fund; and
- c) to enable the funeral director to receive your Travel Protection Plan benefit entitlement.

This assignment will take effect after the initial creation of your membership in the Lifeplan benefit fund.

Please use **BLACK PEN** and print within the boxes in **CAPITAL** letters. Mark any boxes with a cross (X) where applicable.

### 1. MEMBER DETAILS

#### Member 1 (Individual investor)

Title  Mr  Mrs  Ms  Miss Other (please specify)

Given names

Surname

Mobile/Phone  Date of birth //

Email

#### Member 2 (Joint investor)

Title  Mr  Mrs  Ms  Miss Other (please specify)

Given names

Surname

Mobile/Phone  Date of birth //

Email

### 2. NOMINATED ASSIGNEE

Funeral director name

Business address

Suburb  State  Postcode

Mobile/Phone

Email

### 3. MEMBER DECLARATION (ASSIGNOR)

In consideration of an agreement with the nominated assignee to provide funeral services under a contractual agreement separately entered into with the assignee I have effected this assignment freely and with full understanding that its effect is to transfer the ownership of the policy issued in the Lifeplan benefit fund to the funeral director as the assignee.

**Signature(s) (all members must sign and date this form)**

**Signature of Member 1**

Date:   /   /

**Signature of Member 2**

Date:   /   /

### 4. FUNERAL DIRECTOR DECLARATION (ASSIGNEE)

I have accepted the assignment proposed by this document with full understanding that:

- i. the direction as to the investment allocation of the value of the member account in the Lifeplan benefit fund (where available) will be exercised by me;
- ii. I understand and assume full responsibility for the risks attaching to a decision as to the investment allocation of the account in the Lifeplan benefit fund;
- iii. each of and all of the funeral requirements specified by the assignor in the pre-paid funeral plan agreement executed by the assignor will be provided irrespective of the value of the account in the Lifeplan benefit fund at the relevant date;

and I nominate the investment option for the account as:

Investment option:  Capital Guaranteed       Conservative       Moderate

Name of Funeral Director

**Signature**

Date   /   /

# FUNERAL PLAN DIRECTORY

---

## **Funeral Plan Management Pty Ltd**

ABN 30 003 769 640 is a wholly owned subsidiary of

## **Lifepan Australia Friendly Society Limited**

ABN 78 087 649 492, AFS Licence 237989

## **Principal Office of Administration**

111 Gawler Place, Adelaide SA 5000

## **Postal address**

Funeral Plan Management Pty Ltd

Reply Paid 89

Adelaide SA 5001

## **Funeral Director and Investor Services**

T 1800 804 731

F 1800 812 799

E [funeral.plans@lifepan.com.au](mailto:funeral.plans@lifepan.com.au)

W [australianunity.com.au](http://australianunity.com.au)

[fpmanagement.com.au](http://fpmanagement.com.au) (Funeral Plan Management)

## **Adviser Services**

T 1300 133 285

F 1800 804 890

E [investmentbonds@australianunity.com.au](mailto:investmentbonds@australianunity.com.au)

P [online.lifepan.com.au](http://online.lifepan.com.au)