

## FUNERAL BOND APPLICATION FOR FUNERAL BENEFIT

To be completed by the Executor or Next of Kin.

## Please:

- PRINT clearly in black pen keeping within the allocated area
- Mark any boxes with an 'X' where applicable

Call Client Services on 1800 804 731 if you have any questions.

1. DETAILS OF DECEA	ASED INVESTOR				
Surname:					
Given name(s):					
Address:					
Suburb:			State:	Postcode:	
Policy/ Certificate No.:					
2. DETAILS OF EXECU	JTOR/LEGAL PERSON	NAL REPRESENTATIVE			
Surname:					
Given name(s):					
Address:					
Suburb:			State:	Postcode:	
Phone number:					
	ayment of the Funera	al Bond benefit due on	he deceased investor. I he the death of the above na yment.		
I have enclosed the foll	lowing:				
X Copy of the Deatl	h or Medical Cause of	f Death Certificate			
X Copy of Funeral A	Account/Receipt (if al	ready paid & reimburs	ement required)		
X Other related fun	neral expenses for cor	nsideration of payment	:		

3. PAYMENT DETAILS
Please select one of the following options (Note: payments will only be made to the Estate or a Funeral Director)
The funeral expenses <b>have not</b> been paid. Please forward a cheque in the amount of \$ to the funeral director at the address shown on the attached invoice.
The funeral expenses have been paid
X Please forward a cheque made payable to the Estate for the amount of \$
X Pay directly into the Estate's account:
Name of Australian Financial Institution:
Branch name:
Name of account holder(s):
Branch number (BSB): Account number:
4. SIGNATURE
Signature of Executor/Legal Personal Representative:
Date:
Name:
Return your completed form to Funeral Plan Management Pty Ltd:
Post: GPO Box 89, Adelaide SA 5001
© Funeral Plan Management Pty Ltd 2015 ABN 30 003 769 670

ADDRESS: 114 Albert Road, South Melbourne VIC 3205

TELEPHONE: 1800 804 731 (freecall)
EMAIL: funeral.plans@lifeplan.com.au
WEBSITE: fpmanagement.com.au

