

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 DECEASED INVESTOR

Surname:

Given name(s):

Address:

Suburb: State: Postcode:

Policy/
Certificate No.:

2. DETAILS OF EXECUTOR/LEGAL PERSONAL REPRESENTATIVE

Surname:

Given name(s):

Address:

Suburb: State: Postcode:

Phone number:

I declare that I am the representative responsible for the estate of the deceased investor. I hereby apply to Funeral Plan Management for the payment of the Funeral Bond benefit due on the death of the above named deceased investor. Please forward all related funeral expenses for consideration of payment.

I have enclosed the following:

- Copy of the Death or Medical Cause of Death Certificate
- Copy of Funeral Account/Receipt (if already paid & reimbursement required)
- Other related funeral expenses for consideration of payment

