

KeyInvest Assigned Funeral Bond Claim Form



To be completed by the Funeral Director

To be used where:

- a pre-paid funeral contract is in place; or
- a funeral bond has been assigned or a funeral director has been nominated.

Policy No.

Member No.

PARTICULARS OF DECEASED

Full Name

Address

(at time of death, not a P.O Box)

State

Postcode

Date of Birth

Date of Death

PARTICULARS OF CLAIMANT FUNERAL DIRECTOR

Funeral Home

Full Address

State

Postcode

DECLARATION FOR CLAIMANT FUNERAL DIRECTOR

I,

(insert full name of person making declaration)

do solemnly and sincerely declare as follows:

1. I am employed by the Claimant Funeral Director named above and am authorised to make this Declaration on the Funeral Director's behalf.
2. The Claimant Funeral Director agrees to do the following:
 - a. To comply with the administrative procedures which KeyInvest requires the Funeral Director to follow in relation to the pre-paid funeral contracts and the funeral funds.
 - b. To lodge with each claim such particulars as are required from time to time by KeyInvest.
3. I confirm that the Funeral Director has provided the services specified in the pre-paid funeral contract on (insert date of funeral service)
4. I confirm that I have made this claim within 21 days from the date that the services under the pre-paid funeral contract for the Deceased were provided.
5. I confirm that the above information is true and correct.

Signed

(Signature of person making declaration)

Date

Witnessed

(Signature of witness)

Date

Name of witness

FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS CLAIM FORM:

1. Copy of the Death Certificate (or for Cemetery and Crematorium, Authorisation for the Disposal of the Deceased's body)

OR

- Originally certified copy of the Medical Certificate of Cause of Death (or equivalent depending on your state/territory). (Please use the certification statement on the next page of this form.)

(Payment details must be completed overleaf)

Certifier's Statement



PAYMENT DETAILS:

Direct Credit claim payments to the nominated below

Name of
Financial
Institution

Account
Name

BSB Number

Account Number

OR

Payment by Cheque

The cheque is to be payable to

of

TO BE COMPLETED BY AN APPROVED CERTIFIER WHERE A MEDICAL CERTIFICATE(S) OF CAUSE OF DEATH* IS ATTACHED TO THIS CLAIM FORM AS EVIDENCE OF THE DECEASED.

I certify that the attached is a true copy of the Claimant Funeral Director's copy of the Medical Certificate(s) of Cause of Death* attached for the Deceased listed on this Claim Form.

*or equivalent document name depending on your state/territory.

Please use a blue pen.

Name

Qualification

(eg Justice of the Peace, Pharmacist)

Address

Phone

State

Signature

Date