



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.

Member Number

Policy Number

1. Particulars of Deceased

Full Name

Address (At time of
death. Not a PO Box)

Suburb

State

Postcode

Date of Birth

Date of Death

Date the Funeral
Service was performed

2. Particulars of Claimant Funeral Director

Funeral Home

Address

Suburb

State

Postcode

Email

Phone

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3. Payment Details

Direct Credit claim payments to the nominated below

Name of financial
institution

Branch

Account Name

BSB Number

Account Number

Payment Reference
Number

Please ensure that the BSB and Account number are correct. KeyInvest does not check your account name with the BSB and Account number given. Providing an incorrect BSB and Account number could result in the funds being paid to an unintended recipient and funds may not be able to be recovered.

4. The Following Documents Must Be Attached to This Claim Form:

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

OR

Certified copy of the Medical Certificate of Cause of Death
(or equivalent depending on your state/territory).

Please use the certification statement below.

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5. 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:
 - c. 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.
 - d. To lodge with each claim such particulars as are required from time to time by KeyInvest.
5. I confirm that the Funeral Director has provided the services specified in the pre-paid funeral contract
6. I confirm that the above information is true and correct.

Signature of Person Making Declaration

Signature of Witness

Date

Date

Full Name

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.

Name

Qualification

Address

Signature

Date