



Funeral Bond Claim Form

Member Number

Policy Number

1. Details of the Deceased

Title Mr Mrs Ms Miss

Name in Full

Date of Birth

Date of Death

Residential Address

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

Did the deceased leave a will?

Yes

No

2. Details of Claimant

Title Mr Mrs Ms Miss

Name in Full

Date of Birth

Current Drivers Lic.
or Passport Number

This information is required to identify the claimant.
For other acceptable ID requirements please contact KeyInvest.

Residential Address

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

Telephone

Mobile

Email Address

Funeral Bond Claim Form

3. Claimants relationship to the deceased

Please check:

- | | |
|--|--|
| <input type="checkbox"/> Executor | <input type="checkbox"/> Spouse/De facto |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Next of kin |

4. Payment Instructions and supporting documents

Required in every case will be a:

- Certified copy Death **OR** Medical Cause of Death Certificate
PLUS
- Copy of Will
PLUS
- Copy of Funeral Director invoice
- NO additional requirements
- Copy of Funeral Director receipt (confirming payment by the individual)

Please Pay (tick one box only)

- Funeral Director
- Estate/Executor
- Individual (who has paid for the funeral)

5. Nominated Bank Account Details

If you have selected to pay the Estate, Executor or an individual who has paid the funeral Invoice please supply bank details below. Where there are surplus funds we will pay to the Estate or Executors Bank account. Please ensure that the BSB and Account numbers are correct otherwise funds may be transferred to an unintended recipient and may not be able to be recovered. KeyInvest's bank does not cross check the account name with the BSB and bank account details provided.

Executors should take care to carefully record any Estate Assets paid into their personal bank account to ensure it is included in the Estates assets.

Estate or Executor bank account details

Band & Branch Name

Account Name

BSB Number

Account Number

Funeral Bond Claim Form

The bank details of the **Individual** who has paid for the Funeral costs.

Band & Branch Name

Account Name

BSB Number

Account Number

6. Declaration and signatures

- I declare that I am the representative responsible for the estate of the deceased and that I am entitled to receive the sum payable under the above-mentioned Policy and all details supplied are true and correct.
- I acknowledge that my current Drivers Licence or Passport number or other evidence satisfactory to KeyInvest will be used to identify me the as Claimant and acknowledge no benefit can be paid until my identity has been established to the satisfaction of KeyInvest.
- In consideration of payment of the Bond benefit due in accordance with the instructions in this claim form, I waive all rights to any further claim on KeyInvest Ltd relating to this Policy.

Signature of Claimant³

Signature of Witness⁴

Date

Date

Name

Address

Suburb

State

Postcode

3 The Claimant signing this Declaration should note that the law imposes severe penalties for making false statements or failing to ensure a statement is not false or misleading.

4 A witness is an individual over the age of 18 years who does not reside at the same address as the claimant.

Funeral Bond Claim Form

7. Who can certify documents?

Please seek the assistance of one of the following authorised persons to certify a document as a true copy of the original:

Justice of the Peace	Chiropractor
Medical Practitioner	Teacher employed full time
Accountant (member CPA or ICA)	Legal practitioner
Finance Company Officer (with five or more years of service)	Pharmacist
Police Officer	Physiotherapist
Nurse	Dentist

You can submit this form by email and mail:

Street Address:

KeyInvest
Level 5, 49 Gawler Place
Adelaide SA 5000

Postal Address:

KeyInvest
PO Box 3340
Rundle Mall SA 5000

Phone 1300 658 904

Email info@keyinvest.com.au

Web www.keyinvest.com.au

Hours 8.30am – 5.00pm (CST)