



Death Benefit 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

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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	<input type="checkbox"/> Beneficiary	

4. Payment Instructions and supporting documents

Please attach the following with each claim:

Certified copy of evidence of death e.g. Death Certificate or Medical Cause of death Certificate

Copy of the Will

Select the product held by the deceased, the preferred payment method and provide the requested additional documents listed.

Funeral Bond

Pay Funeral Director

Please provide copy of Funeral Directors Invoice

Note: any excess will be paid to the bank account of the Estate or the Executor

OR

Pay the full proceeds to the bank account of Estate¹, Executor² or Solicitors Trust Account

OR

Pay the individual who has paid the funeral expenses.

Please provide the receipt/invoice from the Funeral Director showing the name of the individual who has paid the invoice.

Investment Bond

Life Events Bond or Supersaver

Pay full proceeds to the Estate¹, Executor² or Solicitors Trust Account

OR

Pay to the Nominated Beneficiary(s).

Each beneficiary will need to provide a certified copy of their drivers licence or passport.

1 Payment to the estate can only be made if the bank account is in the name of the deceased's estate.

2 Payment to the executor of the estate can only be made for amounts up to a maximum of \$100,000.

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5. Nominated Bank Account Details

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 ensure any estate assets paid into their personal bank account are recorded and included in the estates assets.

Estate, Executor or Solicitor Trust bank account details

Band & Branch Name

Account Name

BSB Number

Account Number

Funeral Bond Only

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 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.

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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	Legal practitioner
Accountant (member CPA or ICA)	Pharmacist
Police Officer	Dentist
Nurse	

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)