



## Pre-Paid Funeral Transfer Interest Form

### 1. Pre-Paid Funeral Bond Policy Number / Pre-Paid Funeral Certificate Number

Certificate Number

Policy Number

Full Name of Deceased

Date of Birth

Date of Death

### 2. Details of the Funeral Director who established the Pre-Paid Funeral account

Full Name

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

### 3. Details of Funeral Director who is/has provided the funeral service

Full Name

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

Date of Service

# Pre-Paid Funeral Transfer Interest Form

## 4. Declaration and Request

We complete this form as authorised officers of the Funeral Directors described in Section 2 and 3. Further, we acknowledge and understand that the funeral service for the person described in Section 1, will or has been carried out by the Funeral Director described in Section 3.

The Funeral Director as described in Section 2, authorises KeyInvest Ltd to make payment of the benefit to the Funeral Director as described in Section 3.

We acknowledge that payment by KeyInvest of the Funeral Bond detailed in Section 1 fully discharges KeyInvest from all liabilities under that policy.

**Signed for and on behalf of the Funeral Director  
described in Section 2.**

**Accepted for and on behalf of the Funeral Director  
described in Section 3.**

Title

Title

Full Name

Full Name

Date

Date

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**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](mailto:info@keyinvest.com.au)

**Web** [www.keyinvest.com.au](http://www.keyinvest.com.au)

**Hours** 8.30am – 5.00pm (CST)