

DEATH CLAIM FORM



FORESTERS
Friendly Society

Please provide the following information to Foresters Friendly Society

Details of Deceased Member

First Name..... Last Name.....

Address..... State..... Postcode.....

Member Number..... Policy No/s.....

Birth Date...../...../..... Date of Death...../...../.....

Details of Legal Representative

Name.....

Address.....

..... State..... Postcode.....

Telephone No..... Email.....

Legal Declaration

In making this claim I confirm I am the legal representative of the deceased and the information provided is true and correct.

I have included the following documentation with this claim:

- Copy of Death Certificate/Medical Cause of Death
- Invoice from Funeral Firm for the Funeral Expenses of Deceased

** Under some circumstances, Foresters may require additional information/documentation.*

I instruct Foresters Friendly Society to make the following payments:

- Make cheque payable to Funeral Firm as funeral expenses have not been paid (NB. If any excess remains in the funeral benefit fund after the payment to funeral firm then a separate cheque will be made out to the Estate)

** Alternatively, proceeds will be distributed in accordance with the Rules of the Fund/s.*

Signature of Legal Representative:..... Date:...../...../.....

OFFICE USE ONLY

Actioned by:..... Date:...../...../.....

Our privacy policy covers how we handle your personal information and is available at www.forestersfs.com.au/privacy or by calling us on 1800 645 326.

Foresters Friendly Society

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Free Call: 1800 645 326, Telephone: (03) 8580 4000 Fax: (03) 9329 7263

Registered Name: Ancient Order of Foresters in Victoria Friendly Society Limited, A.B.N. 27 087 648 842, AFS Licence No. 241421