



Claim Form

FUNERAL PLAN

To assist us in ensuring you receive a prompt settlement, please complete the details below. If you need any assistance with this form, please call us on 13 88 98. Please note however, that a claim cannot be paid out until we receive all original documents.

If the Policyowner has specified a Nominated Benefit Recipient, in accordance with Section 48A of the Insurance Contracts Act, the proceeds will be paid to that third party. If no nomination has been made, the proceeds will be paid to the Policyowner. If the Policyowner is also the deceased, then proceeds may be paid in accordance with the Life Insurance Act to the deceased's spouse, father, mother, child, brother, sister, niece or nephew. Otherwise, the proceeds will be paid into the deceased's estate.

1 Contact us immediately

Please send the following four items to the Claims Department.

- This claim form, completed and signed by the Policyowner (or their representative if the Policyowner is also the deceased.)
- A certified copy of evidence of death. (e.g. Death Certificate, Attending Medical Practitioner's Certificate, Coroners Report)
- A certified copy of evidence of the deceased's age. (e.g. Birth Certificate or Passport)
- A certified copy of proof of your identity and your relationship to the deceased. (e.g. Your Birth Certificate)

2 Policy Details

Policy Owner

Policy Number

3 Deceased's Details

Name of Life Insured

Date of Death

Cause of Death

4 Policy Discharge (Please note this section of the form will only be used if TOWER accepts liability for the claim)

I / We hereby request payment of the benefit payable for the above policy, in full satisfaction for all claims whatsoever under the above policy for the deceased life insured, and do hereby discharge TOWER Australia Limited from all liability thereunder other than for payment of the benefit.

5 Your Details

I am the: Life Insured Nominated Beneficiary Policyowner Close Relative Executor

Name

Address

Telephone Number

Relationship to the Deceased

Your Signature

X

Date



Mail to: Claims Department, InsuranceLine, Reply Paid 62, Carlton South, VIC 3053
(No postage stamp required)