

Funeral Plan Claim Form

A Policy Details

Policy Number:

B Your Details

Your Name:
Salutation First Name Last Name

Your Street Address:
(not a post office box) Street/Unit Street Address

Suburb State Postcode

Day Phone: Mobile Phone:

E-mail address:

C Deceased Details

Deceased's Name:
Salutation First Name Last Name

Date of Death / /

D Required Documents

To ensure your claim can be processed, please tick the boxes to confirm that you have submitted all required documents to us:

- This claim form, completed and signed by the Policy Owner or Beneficiary
- A *certified copy of evidence of death (eg, Death Certificate, Attending Medical Practitioners Certificate, Coroners Report)
- A *certified copy of proof of the deceased's name and date of birth as shown on the Policy Schedule (eg, Birth Certificate, Drivers Licence. If the name is different due to marriage, please include a *certified copy of marriage certificate)
- A *certified copy of proof of your identity (eg, Drivers Licence, Birth Certificate, Passport)

*please see the enclosed frequently asked questions for information about document certification

E Beneficiary/s Account Information

This section will need to be completed by the current Policy Owner or the Nominated Beneficiary:

I am the: Policy Owner Beneficiary

Name of Bank:

BSB Number:

Account Number:

Account Name:

I / We hereby request payment of the benefit amount in full satisfaction of all claims whatsoever under the abovementioned policy for the deceased Life Insured and do hereby discharge TAL Life Limited from all liability thereunder other than for payment of the benefit. TAL will pay claims in accordance with Section 48A of the Insurance Contracts Act, 1984.

Signature: Date: / /



Please return your documents: e-mail: claims@insuranceline.com.au | Fax: 03 8686 9404
Mail: Reply Paid 62, Carlton South VIC 3053 | Need Help: Call **13 88 98**