

Funeral Directors Death Claim Statutory Declaration



Please complete this section only if you do not have the original policy certificate.
Please use **BLOCK** letters and a black or blue pen.

Name of Participating
Funeral Director

Funeral Bond
Policy Number

Full Name of
Deceased

Date of Death

I,
(full name)

of
.....
(full address)

in the State of

do solemnly and sincerely declare that:

1. That I am employed by the above mentioned Funeral Director and I am authorised to make this Declaration on its behalf.
2. That we are legally entitled to receive the sum payable under the above mentioned Certificate being the assignee of the policy.
3. That the Funeral Services agreed to be supplied by the Funeral Director under this pre-arranged Policy have been supplied.
4. That we have made a thorough search and have been unable to locate the original Certificate of Membership concerning this policy.

I make this solemn declaration, conscientiously believing the same to be true, and by virtue of the provisions of an Act of Parliament of (State) rendering person making a false declaration punishable for willful and corrupt perjury.

Declared at
in the State aforesaid,

This day of in the year of

Before me:

Please send your completed form to:

Australian Unity Investments
Reply Paid 64466
South Melbourne VIC 3205

Or fax your completed form to:

(03) 8682 5057
and send the original form to the address
indicated at left.