

## Death Benefit Claim Form

Policy Number

Member Name

### 1. Details of the Deceased

Title

Mr

Mrs

Ms

Miss

Full Name  
(if different to the above)

Date of Birth

Date of Death

#### Residential Address

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

Did the deceased leave a will?

Yes

No

### 2. Details of Claimant

Title

Mr

Mrs

Ms

Miss

Name in Full

Date of Birth

Current Drivers Lic.  
or Passport Number  
Drivers Lic.  
Card Number

This information is required to identify the claimant.  
For other acceptable ID requirements please contact KeyInvest.  
The card number differs to your License number and you  
will find this on the back or front of your Drivers. Lic.

#### Residential Address

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

Telephone

Mobile

Email Address

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## 3. Claimants relationship to the deceased

Please check:

☐

Executor

☐

Spouse/De facto

☐

Administrator

☐

Next of kin

☐

Beneficiary

## 4. Payment Instructions and supporting documents

Please attach the following with each claim:

☐

Certified copy of evidence of death e.g. Death Certificate or Medical Cause of death Certificate

☐

Copy of the Will

Select the product held by the deceased, the preferred payment method and provide the requested additional documents listed.

☐

**Funeral Bond**

☐

Pay Funeral Director

*Please provide copy of Funeral Directors Invoice*

Note: any excess will be paid to the bank account of the Estate or the Executor

**OR**

☐

Pay the full proceeds to the bank account of Estate<sup>1</sup>, Executor<sup>2</sup> or Solicitors Trust Account

**OR**

☐

Pay the individual who has paid the funeral expenses.

*Please provide the receipt/invoice from the Funeral Director showing the name of the individual who has paid the invoice.*

☐

**Investment Bond**

Life Events Bond or Supersaver

☐

Pay full proceeds to the Estate<sup>1</sup>, Executor<sup>2</sup> or Solicitors Trust Account

**OR**

☐

Pay to the Nominated Beneficiary(s).

*Each beneficiary will need to provide a certified copy of their drivers licence or passport.*

1 Payment to the estate can only be made if the bank account is in the name of the deceased's estate.

2 Payment to the executor of the estate can only be made for amounts up to a maximum of \$100,000.

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## 5. Nominated Bank Account Details

Please ensure that the BSB and Account numbers are correct otherwise funds may be transferred to an unintended recipient and may not be able to be recovered. KeyInvest's bank does not cross check the account name with the BSB and bank account details provided.

**Executors should take care to ensure any estate assets paid into their personal bank account are recorded and included in the estates assets.**

### Estate, Executor or Solicitor Trust bank account details

|                    |  |                |  |
|--------------------|--|----------------|--|
| Bank & Branch Name |  |                |  |
| Account Name       |  |                |  |
| BSB Number         |  | Account Number |  |

### Funeral Bond Only

The bank details of the **Individual** who has paid for the Funeral costs.

|                    |  |                |  |
|--------------------|--|----------------|--|
| Bank & Branch Name |  |                |  |
| Account Name       |  |                |  |
| BSB Number         |  | Account Number |  |

## 6. Declaration and signatures

- I declare that I am entitled to receive the sum payable under the above-mentioned Policy and all details supplied are true and correct,
- I acknowledge that my current Drivers Licence or Passport number or other evidence satisfactory to KeyInvest will be used to identify me as the Claimant and acknowledge no benefit can be paid until my identity has been established to the satisfaction of KeyInvest,
- In consideration of payment of the Bond benefit due in accordance with the instructions in this claim form, I waive all rights to any further claim on KeyInvest Ltd relating to this Policy.

### Signature of Claimant<sup>3</sup>

|      |  |
|------|--|
|      |  |
| Date |  |

### Signature of Witness<sup>4</sup>

|          |  |
|----------|--|
|          |  |
| Date     |  |
| Name     |  |
| Address  |  |
| Suburb   |  |
| State    |  |
| Postcode |  |

<sup>3</sup> The Claimant signing this Declaration should note that the law imposes severe penalties for making false statements or failing to ensure a statement is not false or misleading.

<sup>4</sup> A witness is an individual over the age of 18 years who does not reside at the same address as the claimant.

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## 7. Who can certify documents?

Please seek the assistance of one of the following authorised persons to certify a document as a true copy of the original:

|                                |                    |
|--------------------------------|--------------------|
| Justice of the Peace           | Chiropractor       |
| Medical Practitioner           | Legal practitioner |
| Accountant (member CPA or ICA) | Pharmacist         |
| Police Officer                 | Dentist            |
| Nurse                          |                    |

You can submit this form in person, by mail or by email:

**Street Address:**

KeyInvest  
Level 3 North, 191 Pulteney Street  
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)