

Funeral Insurance Claim Form

To ensure your claim is processed promptly, please complete the details below - if you need assistance please call us on 1300 308 578. **If the Policyowner nominated a third party beneficiary in accordance with the Insurance Contracts Act, the proceeds will be paid to the nominated beneficiary. If no nomination has been made, the proceeds will be paid either to a surviving Policyowner (where applicable) or to the Estate.**

Section A – Required Documentation

Please tick the boxes to confirm that you have submitted all the required documents to us:

- A CERTIFIED COPY of evidence of death (eg Death Certificate, Coroners Report, Attending Medical Practitioners Report)
- A CERTIFIED COPY of evidence of the deceased's date of birth (eg Birth Certificate, Passport, Drivers Licence)
- A CERTIFIED COPY of proof of your identity (eg Birth Certificate, Passport, Drivers Licence)

Certified Copy – Definition

This is a signed photocopy of an original document. The person signing it must see the original and the photocopy. It can be signed by a Justice of the Peace, accountant, solicitor, doctor, bank manager or police officer. It means you keep the original as we do not require it.

The certified copy must include a statement **"I certify that this is a true copy of the original document"**. The certifier must include their full name, signature, date, registration number (if any) and qualification or occupation on each page of the photocopied documents.

Section B – Privacy

Privacy

Greenstone Financial Services Pty Ltd ("GFS", "we", "us" or "our") collects personal information about you on behalf of Hannover Life Re of Australasia Ltd ("HLRA"). All information collected throughout the claims process by GFS or HLRA will be shared with both companies.

The information we collect will be used to assess and process your claim. The information may also be used if you apply for insurance from us in the future. If you fail to provide us with all or part of the information we require, we will be unable to assess and process your claim. Personal information will be collected from you or, where that is not practicable, from other organisations such as medical practitioners and government agencies.

The information we collect may be disclosed to other organisations, including but not limited to medical and legal practitioners, health service providers, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, an organisation that is duly appointed to manage the administration of such insurance policy or interpreters. We are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers don't either.

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website or you can request a copy by contacting us. You can also obtain the Privacy Policy of HLRA on their website, www.hannoverlifere.com.au. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy please call 1300 709 431 Monday to Friday, 8am – 8pm AEST.

Section C – Policy Details

Policyowner Policy number

Section D – Deceased's Details

Deceased's first name Deceased's last name

Deceased's date of birth Date of death

Section E – Claimant's Details

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Residential address	<input type="text"/>				
Postal address	<input type="text"/>				
Phone (home)	<input type="text"/>	(work)	<input type="text"/>	(mobile)	<input type="text"/>
Email	<input type="text"/>				
Relationship of claimant to deceased	<input type="text"/>				

Section F – Beneficiary Payment Authority and Policy Discharge

This section of the form must be completed by the nominated beneficiary/s or the current Policyowner. Completing the details below will assist us in getting your claim payment to you as quickly as possible.

Once your claim has been assessed and provided you are the beneficiary, the Benefit Amount payable will be credited to the account below. If there is no beneficiary listed for this policy, a cheque will be issued in the name of the estate of the Life Insured.

BSB number (branch number)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name	<input type="text"/>		
Name of bank/ financial institution	<input type="text"/>		
Branch name/ location of financial institution	<input type="text"/>		

NB. If your account is held with a Credit Union, it may take longer for the Benefit Amount payable to be cleared. May we suggest you contact your nominated Credit Union.

I/We hereby request payment of the Benefit Amount in full satisfaction of all claims under the abovementioned policy for the deceased Life Insured.

I/We hereby discharge Hannover Life Re of Australasia Ltd from all liability thereunder other than for payment of the benefit.

SIGN HERE 	<input type="text"/>	<input type="text"/>
	Your signature	Date

Please return this form to Guardian Insurance, PO Box 6728, Baulkham Hills, NSW 2153

- If you don't have a bank account, we will make any claim payment by cheque.