



FUNERAL BENEFIT APPLICATION FORM



(The issue of this form is not an admission of liability)

Trust Name: JLT (CAAW) Discretionary Trust Arrangement

ABN: 98 780 034 885

This form should be completed and forwarded to -

SA BIRST

PO Box 321 UNLEY BC SA 5061

Telephone: +61 (0)8 8373 0122

Facsimile: +61 (0)8 8373 1929

1. YOUR DETAILS

Full Name:

Residential Address:

State:

Postcode:

Telephone No:

Mobile No:

Facsimile No:

2. DECEASED DETAILS

Name of Deceased:

Address:

State:

Postcode:

Telephone No:

Date of Birth:

Date of Death:

DECLARATION

I, _____ of _____ hereby declare
(Executor/Beneficiary) *(Enter Address)*

1. That the deceased named above was an eligible person under this policy; and
2. That the amount paid represents the full and final Death Benefit entitlement and that the payment of this amount represents a full and final discharge of each and every liability to the JLT (CAAW) Discretionary Trust in respect to this claim.
3. The information and answers given in this document are true and correct. No information likely to affect the acceptance of this claim has been withheld.
4. I understand that this claim may be refused if any information is false, or inaccurate or concealed.

Declared at _____ this _____ day of _____

For and on behalf of - _____ Witness: _____

(Please Print Name):

Signature: _____ Name: _____

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED BEFORE SUBMITTING CLAIM

Banking Details

BSB: _____

Account Number: _____

Account Name: _____

Email Address: _____