



Claim Form Freedom Funeral Plan



To assist us in ensuring that the benefit is paid promptly please complete the details below.

If you need assistance please call Freedom Insurance on 1300 88 44 88. Please note however, that a claim cannot be paid out until we receive all required documents.

If the Policy Owner has nominated any third party beneficiaries in accordance with the Insurance Contracts Act 1984, the proceeds will be paid to the third party beneficiaries. If no nomination has been made, the proceeds will be paid to the Policy Owner or to their Estate if the Policy Owner is deceased.

1. Please complete this form and send it together with the following documents:

- A certified copy of evidence of death (e.g. Death Certificate or Coroner's Report)
- A certified copy of evidence of the deceased's age (e.g. Birth Certificate or current Passport)
- A certified copy of proof of the beneficiary's/ies' identity (eg. photo identification)

2. Policy Details

Policy Owner:

Policy Number:

3. Deceased's Details

Name of Life Insured:

Date of Death:

Cause of Death:

Location of Death (City, Country):

Was the Life Insured an Australian resident on the date of their death? Yes No

4. Claimant's Details

I am the: Nominated Beneficiary Policy Owner Close Relative/Friend Executor

Name:

Telephone:

Declaration

I declare that the information in this Claim Form is true, correct and complete. I understand and agree that if I make any false or fraudulent statements or fail to advise AIA Australia Limited of any relevant information regarding the claim, AIA Australia Limited may refuse to pay benefits.

The information (including personal and sensitive information) contained in this form, may be used or disclosed in the manner described in the Privacy section of the Freedom Funeral Plan Product Disclosure Statement. (Copy available upon request)

I agree that a copy of this authorisation shall be considered as effective and valid as the original.

Your Signature:

Date:

Please arrange for each of the beneficiaries to complete a 'Benefit Recipient's EFT Payment Details' section in the next pages of this form.

Please return the completed forms and required documents to Freedom Insurance:

By Mail: Freedom Insurance Claims, GPO Box 3553 Sydney NSW 2001

By Email: claims@freedominsurance.com.au

Benefit Recipient's EFT Payment Details

Name: Date of Birth:

Address:

Your Signature:

Date:

Do you hold citizenship(s) other than Australian citizenship?

Yes No

If 'Yes', please advise your other country of citizenship(s)

Name of financial institution:

Branch:

BSB Number:

Account Number:

Account Name:

Benefit Recipient's EFT Payment Details

Name: Date of Birth:

Address:

Your Signature:

Date:

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Yes No

If 'Yes', please advise your other country of citizenship(s)

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