

# Apply for Suncorp Funeral Plan



Before proceeding with this application, please consider the Suncorp Funeral Plan Product Disclosure Statement (PDS) (effective 05/04/2010). Please fill in the sections below for either 1 or 2 applicants.

Applying for Suncorp Funeral Plan is quick and easy.



For a personalised quote, call 1800 602 178



Return this application form by post to: Life Customer Service, GPO Box 3950, Sydney NSW 2001



Return this application form by fax on 1300 552 345

## A. Personal Details (Please complete all sections)

### Person to be Insured 1

Title	Given Names	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	<input type="text"/>	
Are you a citizen or permanent resident of Australia?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		
<input type="text"/>		
<input type="text"/>		
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number (Home)	Mobile number	
( ) <input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		

### Person to be Insured 2

Title	Given Names	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	<input type="text"/>	
Are you a citizen or permanent resident of Australia?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Tick if same address as Person to be Insured 1		
Street Address		
<input type="text"/>		
<input type="text"/>		
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number (Home)	Mobile number	
( ) <input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		

## B. Level of Cover (Please tick one box for each person to be insured)

Please check pages 10-11 of the PDS for your monthly premium details.

### Person to be Insured 1

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$30,000

### Person to be Insured 2

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$30,000

Does a family member have an existing Suncorp Funeral Plan policy?  Yes  No

Please indicate their: First Name  Surname  Date of Birth  /  /

## C. Payment Details (Please choose payment option 1 or 2)

### 1. Direct Debit – Bank, building society or credit union

I/We would like to pay  Fortnightly  Monthly  Annually

I/We authorise Suncorp Life & Superannuation Limited (user ID 000125) to debit premiums from my/our account.

Name of Account

Name of Financial Institution

BSB Number

Account Number

Account Holder's Signature(s)

Date

**Please note: If your nominated bank account is joint, both signatures are required.**

**OR**

### 2. Credit Card (MasterCard or Visa)

I/We would like to pay  Fortnightly  Monthly  Annually

I/We authorise Suncorp Life & Superannuation Limited (user ID 000125) to charge my/our:

MasterCard  Visa  Expiry Date

Cardholder's Name

Card Number

Account Holder's Signature

Date

## D. Declaration

I/We acknowledge and confirm that:

- I/We have read and understood the PDS and my/our decision to purchase Suncorp Funeral Plan is based on the PDS;
- I/We have read and understood my/our Duty of Disclosure as explained on page 15 of the PDS and have not withheld any information material to my/our application for insurance and understand this duty continues to apply until my/our application has been accepted;
- I/We confirm I/we have read Suncorp's Privacy Statement which is available at [suncorp.com.au/funeralplan](http://suncorp.com.au/funeralplan) and I/we consent to the collection, use and disclosure of my/our personal (including sensitive) information in accordance with the Privacy Statement;
- I/We understand my/our Suncorp Funeral Plan policy will not become effective until this application is accepted in writing;
- The information provided in this application is true and correct;
- I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement on pages 16–17 of the PDS and the terms and conditions of my policy; and
- I/We understand if I/we am/are eligible to make a nomination, a Nomination of Beneficiary form will be provided in the welcome pack I/we will receive if my/our application is accepted.

### Person to be Insured 1 (Signature)

Date

### Person to be Insured 2 (Signature)

Date

Please return this application form by post to: Life Customer Service, GPO Box 3950, Sydney NSW 2001.

If you do not want to receive further marketing material from Suncorp, please tick here.

**Need help with your application?** Call 1800 602 178 Monday to Friday, 8am to 6pm (EST).