

Claims X

Funeral benefit

Claim form



ReddiFund Mutual Benefit Fund Discretionary Trust.

If you need assistance with filling out this form, contact us on 1300 375 723 or claims.aus@claimsx.com.au

Important information

We will act on your claim upon receipt of this form. Issue of this form is not an admission of liability.

You can assist in the assessment of your claim if you:

1. Fully complete this form. Supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents as indicated may result in a delay in processing your claim.
2. Provide a comprehensive description of the circumstances of the accident/injury or sickness.
3. Provide additional supplementary information on a separate page if there is not enough space on this claim form.
4. Forward the completed claim form to Claims X at claims.aus@claimsx.com.au.

Member details

Name of member:

Member number:

Phone:

Email:

Residential address:

State:

Postcode:

Banking details

Account name:

BSB:

Account number:

Deceased details

Name of deceased:

Relationship to member:

Residential address:

State:

Postcode:

Phone:

Date of birth:

Date of death:

Spouse only

Are childcare benefits claimed?

Ages of surviving children:

Declaration

I _____ of _____ hereby declare
_____(Executor/Beneficiary) _____ (enter address)_____

1. That the amount paid represents the full and final death benefit entitlement and that the reimbursement of this amount represents a full and final discharge of each and every liability in respect of this claim.
2. A copy of the invoice for the funeral expenses and a certified copy of the death certificate has been provided.
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/we have read and accept the Privacy Collection Statement provided with this form and Claims X Pty Ltd's Privacy Policy.
5. Where I/we have provided information about other individuals, I/we have made those persons aware of the Privacy Collection Statement and Claims X Pty Ltd's Privacy Policy provided with this form and I have obtained their consent to the information being provided in accordance with the Privacy Collection Statement and Claims X Pty Ltd's Privacy Policy.

Name on funeral invoice:

Relationship to the member of the Trust:

What relationship is this person (or entity) to the member?

Declared at this day of:

For and on behalf of:
(please print name)

Witness:

Name:

Signature:

This form should be completed and returned to Claims X Pty Ltd's email: claims.aus@claimsx.com.

Please provide/attach all relevant documents including the death certificate and any funeral invoices.

Collection Statement under the Privacy Act 1988 (Cth)

In accordance with the Privacy Act 1988 (and subsequent amendments), Claims X Pty Ltd ABN 57 649 962 701, AFSL 530894 (we, our, us, Claims X), draws your attention to the following:

- We may collect personal information or sensitive information about you.
- We are collecting the information principally for the purpose of claims handling and settling services.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, other parties which may assist us in assessing your claim, agents and Claims X related group companies, such as Howden Insurance Brokers (Australia) Pty Ltd ABN 79 644 885 389, AFSL 539613 (Howden) and Alternative Risk Management Services Pty Ltd ABN 70 649 963 191 (ARMS). Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.
- Our related group companies may provide you with information about other products and services including but not limited to an alternate risk management solution offered through ARMS. ARMS and Howden will use and disclose your information to assist in the administration, promotion and risk management of the applicable discretionary trust.
- Please read our Privacy Policy on <https://www.howdengroup.com/au-en/privacy-policy> for further information in relation to how we and our related group companies collect, store and use your information. You may also request a copy from our privacy officer whose details are below.
- If you would like further information contact our privacy officer on the contact details below:

Post: Claims X Pty Ltd
Level 23, 20 Bond Street
Sydney, NSW 2000

Email: privacy.pacific@howdengroup.com

- By providing this information, you agree to us collecting, using and disclosing your personal or sensitive information as outlined in this Collection Statement and our Privacy Policy.
- If you do not provide all or part of the information requested, we may be unable to process your application, administer your claim or provide other required services, or your application for insurance or membership of a discretionary trust arrangement may be declined or you may prejudice your insurance cover or cover under a discretionary trust.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988 (Cth).
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's prior consent.