

Funeral Insurance application form

Need any help completing this form? Call us on 1300 615 699.

Please read the Combined Product Disclosure Statement (PDS) and Financial Services Guide (FSG) before completing this form. It will help you understand the product. The Target Market Determination (TMD) for the product is available on our website at suncorp.com.au/policy-documents. Please ensure all fields are completed correctly, as a mistake or misstatement can affect your policy or claim. When your application is accepted, you will receive written confirmation from Suncorp Funeral Insurance, and you will be able to check the information you have provided again to confirm that it is accurate.

Please note that each life insured must be 45 years of age or older.

Part A - Your personal details (policy owner and primary life insured)

Title Mr Mrs Miss Ms Other

Name First name Surname

Postal Address Suburb

State Postcode Date of Birth dd / mm / yyyy

Telephone: Day () Night () Mobile

Email

We will use email for some of the information we need to send you about your policy, rather than sending paper copies. However, if you'd prefer to receive information by post, please indicate by writing X in the box.

Are you a permanent resident of Australia? Yes No

Your nominated beneficiaries

Name	Date of Birth	Percentage % of claim payout	Phone Number
	dd / mm / yyyy		
	dd / mm / yyyy		

Part B - Your policy details

All details you choose in Part B will apply to everyone's cover. If you would like different cover amounts for each life insured, please call us on 1300 615 699.

Cover Amount \$5,000 \$7,000 \$10,000 \$12,000 \$15,000 Other amount (\$3,000 up to \$15,000)

Value Promise With the Value Promise, your claim payout will be the higher amount of your Funeral Insurance Cover Amount (including any Accidental Death Cover) or **100%** of total premiums paid for Funeral Insurance. For a lower cost option, you can reduce the Value Promise to 70% of total premiums paid. Tick this box to select the **70%** Value Promise option.
The Value Promise option chosen at the time of application will remain for the life of the policy.

Optional Extra Accidental Death Cover Yes No Other amount (\$1,000 up to \$50,000)
If yes, how much cover? \$10,000 \$20,000 \$30,000 \$40,000 \$50,000

Part C - Detail for others (please provide details if you would like to add others to your policy)

Please note that each life insured must be 45 years of age or older.

Name First name Surname Date of Birth dd / mm / yyyy Male Female

Is this person a permanent resident of Australia? Yes No

Nominated beneficiaries

Name	Date of Birth	Percentage % of claim payout	Phone Number
	dd / mm / yyyy		
	dd / mm / yyyy		



Suncorp Funeral Insurance is issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life or insurer) which is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). TAL Life is not part of the Suncorp Group. TAL Life uses the Suncorp brand under licence from the Suncorp Group. TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260 (TAL Direct) has been authorised under an arrangement with the insurer to enter into, vary or cancel insurance cover on behalf of the insurer as if it were the insurer. TAL Direct and TAL Life are part of the TAL group of companies.

Part C – Detail for others continued

Name First name Surname Date of Birth dd / mm / yyyy Male Female

Is this person a permanent resident of Australia? Yes No

Nominated beneficiaries

Name	Date of Birth	Percentage % of claim payout	Phone Number
<input type="text"/>	<input type="text"/> dd / mm / yyyy	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> dd / mm / yyyy	<input type="text"/>	<input type="text"/>

Name First name Surname Date of Birth dd / mm / yyyy Male Female

Is this person a permanent resident of Australia? Yes No

Nominated beneficiaries

Name	Date of Birth	Percentage % of claim payout	Phone Number
<input type="text"/>	<input type="text"/> dd / mm / yyyy	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> dd / mm / yyyy	<input type="text"/>	<input type="text"/>

Part D – Your payment & banking details

Step 1: How often do you want to pay?

Fortnightly on Monday Tuesday Wednesday Thursday Friday

OR with first payment starting on dd / mm / yy (enter a date within the next 14 days).

Monthly on dd (enter a day of your choice between 1st and 28th)

OR Annually

Step 2: Payment method

Tick one method and provide relevant details Direct Debit **OR** Credit Card

Direct Debit Request: I request and authorise National Australia Bank Limited (BSB: 082-057) to directly debit my premiums from my account detailed below, in favour of the insurer, TAL Life Limited (User Number: 245 397), using the direct debit system. I acknowledge that this debit will appear as 'Suncorp Life' on bank statements.

Name of Financial Institution

Account Name

BSB Number -

Account Number

--- **OR** ---

Credit Card Payment: I authorise the debit of my premium from my

Visa Mastercard Expiry mm / yy

Account Name

Credit Card Number

Part E – Declaration (please sign below)

I/We have received a copy of the Product Disclosure Statement (PDS) and Financial Services Guide (FSG).

If my/our application is accepted, I/we authorise the insurer, TAL Life Limited (TAL Life), to start this policy. I/We understand TAL Life is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). TAL Life is not part of the Suncorp Group. TAL Life uses the Suncorp brand under licence from the Suncorp Group.

I/We understand there is a 30-day cooling-off period, so if I'm/we're not happy with the policy I/we can, in the first 30 days, ask for a full refund of any premiums paid unless a benefit has already been paid out under the policy.

I/We voluntarily consent and agree to and request that Suncorp and TAL group of companies contact me/us to offer, invite me/us to apply or promote and market (including via telephone where they have my/our valid consent) the products (including life and general insurance, banking and superannuation) and services they offer under the Suncorp brand. I/We am/are aware that my/our consent shall

Please ensure the policy owner signs here:

Sign here

Date dd / mm / yy

remain in effect in accordance with relevant law or until I/we tell Suncorp or TAL otherwise. If I/we do not want to receive any further information on other products offered by Suncorp or TAL groups under a particular Suncorp brand, I/we need to call 1300 615 699 or write to Suncorp Life Insurance, Reply Paid GPO Box 5380, Sydney NSW 2001 to opt out.

I/We request and authorise TAL Life (User Number: 245397) to arrange for the premiums for this Policy to be debited from the credit card or account nominated in this application, through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this direct debit request is governed by the TAL Life direct debit request service agreement (DDRSA) and that I/we have read and agree to the terms of the DDRSA. I/We acknowledge that this debit will appear as 'Suncorp Life' on bank statements.

I/We understand that Suncorp Funeral Insurance provides Accidental Death Cover only for the first 12 months and death by any cause thereafter.

Your privacy

This Privacy Statement is given on behalf of both TAL Life and Suncorp. In this section "TAL Life" means TAL Life Limited ABN 70 050 109 450 and its related companies that assist it to provide its services, "Suncorp" means a member of the Suncorp Group of companies (Suncorp), "we/us" means TAL Life and Suncorp collectively (or singularly/separately where the context requires) and "you/your" means the life insured and/or the policy owner as the context requires.

The ways in which we collect, secure, hold, use and disclose personal and sensitive information (your information) is explained in the 'Your Privacy' section of the PDS and in our privacy policies. These policies can be obtained online at tal.com.au/privacy and suncorp.com.au/privacy or by contacting us, and are free of charge on request.

If you have any questions about the way in which your information is managed, or would like a paper copy of our privacy policies, please contact us by phone on 1300 615 699 or by email to customerservice@suncorplifeinsurance.com.au.

How to return your documents:

Mail: Reply Paid GPO Box 5380, Sydney NSW 2001

Phone: 1300 615 699 to complete your policy over the phone