

BENEFICIARY CLAIM FORM

This form is to be used in the event of an APF members death. Please complete as much of the information as you are able to and send to the APF. Usually after you complete the form, the quickest way to send it to the APF is to scan and email to secretary@ambprov.org.au

Member Details:

First Name:	Surname:
APF Membership Number:	DOB:

If you do not know any of the above details, simply leave blank.

Details of Members Death:

Date of Death:	Certifying Document Issued: <input type="checkbox"/> Yes – please send copy. <input type="checkbox"/> No
If no certificate is available, please provide doctors letter and / or funeral notice, or NSWVA Vale Notice as evidence of the members death.	

Beneficiary Details (Your details – *you must be the named beneficiary of the member as per the APF membership records*)

First Name:	Surname:	
Address:		
Suburb:	State:	Post Code:
Mobile Number:	Email:	

Beneficiary Account Details: (This is the account funds will be paid into)

Account Name:	
Finance Institution / Bank Name:	
BSB Number:	Account Number:

Note: Payment will be made for the amount applicable as per the Payment Table at the time of the members death. An initial payment of \$10.00 will be made, and once correct details are confirmed, the remainder of the amount will be paid immediately. This is to prevent funds being deposited into an incorrect account or other mistake that may occur, resulting the beneficiary not receiving the funds they are entitled to.

Beneficiary Declaration and Signature:

I declare the above information to be true and correct to the best of my ability. I understand the final beneficiary payment amount will be at the discretion of the APF Board at the time of submitting this claim form.

First Name:	Surname:
Date:	Signature:

Payment: Ordinarily, the APF commits to making payment to the nominated beneficiary within 48 hours from time of notice of the members death. However, if you do not provide all details, incorrect details or official details of the members death as requested above are not available, this time may be extended until all details are confirmed. The APF will endeavor to make payment within the 48 hours, but is not responsible for any delays that may be experienced and / or caused by either parties financial institutions.

Payment Detail Check List – Office Use Only:

Date of APF Notification:		
<input type="checkbox"/> Details checked and correct as per members records.		
<input type="checkbox"/> Account details checked - \$10 deposit submitted		
<input type="checkbox"/> Remaining payment deposited		
Approval: Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved