

## APPLICATION FOR FUNERAL BENEFIT PAYMENT

Please Tick

This claim is for a Member:

This Claim is for a Spouse:

Lodge Number: \_\_\_\_\_

Funeral Number: \_\_\_\_\_

Name of Lodge: \_\_\_\_\_

District: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Member's Age: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date Member Joined: \_\_\_\_\_

**Funeral Benefit:**

To be Paid:

By: (L/D/S)

Lodge:	\$		\$	
District:	\$		\$	
Society:	\$		\$	
Share basis:	\$		\$	
Total Benefit:	\$	Total Paid:	\$	

Nomination: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I HEREBY certify the above particulars to be correct, claim the District and Society portions of the Funeral Benefit mentioned above, confirm that payment will be made to the persons legally entitled to receive it and instruct the Society to note on the membership records that the benefit has been paid. The Registrar's Certificate of Death certified "True Copy" by a Justice of the Peace, Solicitor, or District Secretary/Lodge Secretary is attached.

Lodge Secretary: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

District Secretary: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dues Refund: \_\_\_\_\_

Dues Owing: \_\_\_\_\_

FAB: \_\_\_\_\_

Direct Credit \$ \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_\_  
for CHIEF EXECUTIVE

Payment of \$ \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_\_  
for DISTRICT SECRETARY

Paid to \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_  
(Payee details) (Cheque Details)

\_\_\_\_\_ LODGE SECRETARY

This application is to be sent by the Lodge to the District in duplicate and one copy is to be sent by the District to the Society. This will alert your District to a death and the need to action a Credit Union D.P. & S.I. claim (if applicable), or any District death benefit payment.

**PLEASE NOTE: That the copy of the Death Certificate will not be returned and for claims in excess of \$15,000, a copy of Probate must accompany this claim form.**