

# Funeral Insurance Claim Form

To ensure your claim is processed promptly, please complete the details below – if you need assistance please call us on **0800 400 190**.

**If the Policyowner nominated a third party beneficiary in accordance with the terms and conditions set out in the Policy Document, the proceeds will be paid to the nominated beneficiary. If no nomination has been made, the proceeds will be paid either to a surviving Policyowner (where applicable) or legal representative.**

## Section A – Required Documentation

Please tick the boxes to confirm that you have submitted all the required documents to us:

A CERTIFIED COPY of proof of the Life Insured's death (e.g. Death Certificate, Coroners Report, Attending Medical Practitioners Report)

A CERTIFIED COPY of proof of the Life Insured's identity (e.g. Birth Certificate, Passport, Drivers Licence)

A CERTIFIED COPY of proof of the claimant's identity (e.g. Drivers Licence or Passport)

## Certified Copy – Definition

This is a signed photocopy of an original document. The person signing it must see the original and the photocopy. It can be signed by a Justice of the Peace, Solicitor of the High Court, Notary Public or Deputy Registrar at a court. It means you keep the original as we do not require it.

The certified copy must include a statement **"I certify that this is a true copy of the original document"**. The certifier must include their full name, signature, date, registration number (if any) and qualification or occupation on each page of the photocopied documents.

## Section B – Privacy

### Privacy

Greenstone Financial Services NZ Limited ("Greenstone") collects personal information about you on behalf of Pinnacle Life Limited ("Pinnacle", "we", "us" or "our"). All information collected throughout the claims process by Greenstone or Pinnacle will be shared with both companies.

The information we collect will be used to assess and process your claim and any procedures associated with this. If you fail to provide us with all or part of the information we require, we will be unable to assess and process your claim. Personal information will be collected from you or, where that is not practicable, from other organisations such as Medical Practitioners and government agencies.

The information we collect may be disclosed to other organisations, including but not limited to medical and legal practitioners, health service providers, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, or any organisation that is duly appointed to manage the administration of such insurance Policy or interpreters. Pinnacle or Greenstone will share your information with associated companies in Australia but are unlikely to send your personal information to any other foreign jurisdiction.

You can read more about how Greenstone collects, uses and discloses your personal information in its Privacy Policy, which is available on the New Zealand Seniors website or you can request a copy by contacting us. You can also obtain the Privacy Policy of Pinnacle on their website, [pinnaclelife.co.nz](http://pinnaclelife.co.nz). If you wish to access your information (including correcting or updating your information), please call **0800 400 290** Monday to Friday, 8am to 8pm.

## Section C – Policy Details

Policyowner

Policy Number

## Section D – Life Insured's Details

Life Insured's first name

Life Insured's last name

Life Insured's date of birth

DD / MM / YYYY

Date of death

DD / MM / YYYY

## Section E – Claimant's Details

|  |                      |            |                      |          |                      |
|--|----------------------|------------|----------------------|----------|----------------------|
| Title                                    | <input type="text"/> | First name | <input type="text"/> | Surname  | <input type="text"/> |
| Residential address                      | <input type="text"/> |            |                      |          |                      |
| Postal address                           | <input type="text"/> |            |                      |          |                      |
| Phone (home)                             | <input type="text"/> | (work)     | <input type="text"/> | (mobile) | <input type="text"/> |
| Email                                    | <input type="text"/> |            |                      |          |                      |
| Relationship of claimant to Life Insured | <input type="text"/> |            |                      |          |                      |

## Section F – Beneficiary Payment Authority and Policy Discharge

**This section of the form must be completed by the nominated beneficiary/s, current Policyowner or legal representative. Completing the details below will assist us in getting your claim payment to you as quickly as possible.**

Once your claim has been assessed and provided you are the beneficiary or legally entitled to this claim, the Benefit Amount payable will be credited to the account below.

|   |  |
|---|--|
| Account number                                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Account name                                      | <input type="text"/>   |
| Name of bank/<br>financial institution            | <input type="text"/>   |
| Branch name/<br>location of financial institution | <input type="text"/>   |

NB. If your account is held with a Credit Union, it may take longer for the Benefit Amount payable to be cleared. May we suggest you contact your nominated Credit Union.

**I/We hereby request payment of the Benefit Amount in full satisfaction of all claims under the abovementioned Policy for the Life Insured.**

**I/We hereby discharge Pinnacle Life Limited from all liability thereunder other than for payment of the benefit.**

|   |                      |   |
|---|----------------------|---|
| <b>SIGN HERE</b>  | <input type="text"/> | <input type="text" value="DD / MM / YYYY"/> |
|   | Your signature       | Date  |

**Please return this form to New Zealand Seniors by Email or Mail**

**Email: [claims@nzseniors.co.nz](mailto:claims@nzseniors.co.nz)**

**Mail: Reply Paid DX Box EP71505, Penrose, Auckland** (no stamp required).