

**sureplan**  
FAMILY FUND  
FUNERAL INSURANCE

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Australia's only funeral insurance fund that offers cover for life with fixed premiums only payable to age 60.

sureplan



Helping Australians  
since 1935

# APPLICATION FORM

for SUREPLAN FAMILY FUNERAL FUND



Surname _____		Given Names _____	
Title _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____	Age: ____
Home phone _____		Work phone _____	
Mobile _____	Email _____		

Residential Address _____ _____ Postcode _____	Correspondence Address (if different) _____ _____ Postcode _____
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The nominee is the person or entity to whom Sureplan will pay the benefit on behalf of your estate. For a more detailed explanation, please refer to the 'Most Commonly Asked Questions' section of this document.

Nominee's Name _____	Alternate Nominee's Name _____
Address _____ _____ Postcode _____	Address _____ _____ Postcode _____
Relationship _____	Relationship _____
Is this nominee a Sureplan member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this nominee a Sureplan member? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Medical Declaration** – In order to assess the risk to Sureplan in accepting your application, the following questions must be answered. Non disclosure of a known medical condition may result in the cancellation of your policy.

Are you now receiving or considering any medical or surgical treatment?  
 No  Yes Details \_\_\_\_\_

Have you ever had, suspected or diagnosed Heart Trouble, High Blood Pressure, Chest Pain, Epilepsy, AIDS, Diabetes, Hepatitis, Tuberculosis, Cancer, Tumours, Ulcers, Asthma, Mental or Nervous Disorders?  
 No  Yes Details \_\_\_\_\_

Have you had any illness, injury or medical examination or advice, not detailed above, within the past 5 years?  
 No  Yes Details \_\_\_\_\_

Has any application for Life, Accident or Sickness Insurance been declined, deferred, modified or rated up?  
 No  Yes Details \_\_\_\_\_

Do you have any medical condition, illness or injury not detailed above?  
 No  Yes Details \_\_\_\_\_

If you have answered 'yes' to any of the medical questions, details of your current treatment must be provided.  
 \_\_\_\_\_

<p>I confirm that I have read and understood all the statements, questions and answers shown above and annexed to this application and to the best of my knowledge and belief, those statements and answers are true and complete and I will notify you of any changes prior to my application being approved. I agree to be bound by the rules of the Society (which are available upon request). I have received details of any commissions payable to Agents of Sureplan. I understand that my application shall not become effective until it is approved by Sureplan and that non payment of premiums will result in forfeiture of my funeral benefit.</p> <p><b>Signature</b> _____ <b>Date</b> ____/____/____</p>	<p><b>Amount of cover to be provided \$</b> .....</p> <p><b>Payment Method:</b> Please tick appropriate box</p> <p><input type="checkbox"/> Direct Debit (Refer to enclosed D/Debit Form)</p> <p><input type="checkbox"/> Payroll Deduction (Refer to enclosed PRD Form)</p> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">Agents Stamp</p> </div>
<p>There is a cooling off period of 30 days from when your application is received. During this period you may cancel your membership and receive a full refund - <b>otherwise the benefit is payable only on your death.</b>                  For Queensland residents only - this application must be accompanied by a completed Client Care Statement.</p>	

**Please place your application form inside an envelope and address as follows:**  
 Sureplan Friendly Society Ltd., Reply Paid 899, Spring Hill Qld 4004

# DIRECT DEBIT FORM

## PERSONAL DETAILS

Date \_\_\_ / \_\_\_ / \_\_\_

Insert name and address  
of financial institution at  
which your account is held

\_\_\_\_\_  
\_\_\_\_\_

Insert your name in full I/We

\_\_\_\_\_  
Surname/s

\_\_\_\_\_  
Given Names

*request you until further notice in writing, to debit my/our account described in the schedule below any amounts which Sureplan Friendly Society Ltd User ID 064834 may debit or charge me/us through the Direct Debit System.*

*I/We understand and acknowledge that:*

- 1. The financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate.*
- 2. The financial institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits.*
- 3. The user may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.*

Customer Signature(s) \_\_\_\_\_  
*(If joint account all signatures may be required)*

Customer Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

## YOUR ACCOUNT DETAILS

Name on Account \_\_\_\_\_

BSB Number \_\_\_ \_\_\_ \_\_\_ Account Number \_\_\_\_\_

*Note: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.*

*Monthly deductions will take place on the 1<sup>st</sup> working day of each month*

*Quarterly deductions will occur on the 1<sup>st</sup> working day of January, April, July & October*

*Six monthly deductions will occur on the 1<sup>st</sup> working day of January & July*

*Annual deductions will occur on the 1<sup>st</sup> working day of January*

Frequency of Deduction

Monthly  Quarterly  Six Monthly  Annually

Insert Member ID or Roll No. (if known) \_\_\_\_\_

Office Use Only:

## SECURITY FOR YOUR FAMILY: 'INSTANT MONEY' WHEN IT'S NEEDED MOST

When you die the cost of your funeral will place an immediate financial burden on your family. As Sureplan has been managing funeral funds since 1935 we understand that the prompt payment of claims eases this financial stress - therefore your nominee will be paid within 24 hours (one working day) of the notification of your death which means your family will be able to make your funeral arrangements with confidence.

## SUREPLAN FAMILY FUND IS A LIFE INSURANCE PRODUCT THAT PROVIDES (ON YOUR DEATH) A BENEFIT TO BE APPLIED TO THE COST OF YOUR FUNERAL

The Fund is administered by Sureplan Friendly Society Ltd. The actions of the Society are regulated by the Australian Prudential Regulation Authority, the Corporations Act 2001 and the Life Insurance Act 1995.

Anyone between the ages of 1 and 55 can apply for membership.

With the commencement of a Sureplan Family Fund policy you will be immediately covered for a funeral benefit that is payable upon your death. Premiums, preferably made by automatic direct debit, can be paid monthly, quarterly, six-monthly or annually. To see what funeral benefit cover you can obtain and the associated premium payable, use the Table contained in this Document and simply:

1. Go to your age in the "Age" column;
2. Move across that row to select the level of cover required; and then
3. Move up that column to identify the premium payable.

Alternatively, use the online calculator on [www.sureplan.com.au](http://www.sureplan.com.au).

## BENEFITS OF SUREPLAN FAMILY FUND MEMBERSHIP

**Immediate cover** - we will pay your nominee (on behalf of your estate) the benefit you have selected within 24 hours of being advised of your death, even if it is the day your membership is accepted,

**Full cover** - you are insured for accidental death and death from natural causes immediately, however you will not be covered for death by suicide within the first 24 months of membership,

**Lifetime cover** - even though you are required only to pay premiums until age 60 you are covered for the duration of your lifetime,

**No premium increases** - the amount of your premium payable will not change through the term of the policy unless you choose additional cover,

**Funeral benefit cover can increase** - bonuses may be added to your selected benefit from time to time,

**No hidden costs** - there are no entry or exit fees.

## MOST COMMONLY ASKED QUESTIONS

### Who can join Sureplan Family Fund?

Anyone between the age of 1 and up to and including age 55 can apply for membership. Current membership is over 15,600.

### Do I have to disclose any medical and health conditions?

Yes, applicants are obliged to fully disclose all known medical and health conditions. Sureplan reserves the right to request a medical certificate or examination.

### How much does a funeral cost?

An average funeral can cost between \$5,000 and \$9,000. You can select the benefit to suit your needs, up to a maximum of \$15,000.

### Does Sureplan offer other funeral products?

Yes - Sureplan Gold is a funeral bond suitable for all people ineligible to join Sureplan Family Fund and Sureplan Body Transportation Funeral Fund is an additional insurance product.

For more information on these two products either ring 1800 817 105 or view [www.sureplan.com.au](http://www.sureplan.com.au).

### Are there any Government charges?

Stamp duty may apply to your policy. The rate of stamp duty varies from State to State, and if payable, may be deducted from your contributions.

### **What is the nominee and alternate nominee?**

In the event of the death of a member a nominee is the person or entity who receives the funeral benefit on behalf of the member's estate. Pursuant to the Life Insurance Act 1995 the nominee is obligated to use the money in the due course of the administration and specifically for the purpose of paying funeral expenses. Any excess money must be paid to the member's estate. Sureplan will only pay the alternate nominee when it is unable to pay the nominee. If neither the nominee nor alternate nominee can be paid Sureplan will pay the funeral benefit proceeds to the member's estate.

### **Won't superannuation & standard life insurance cover me?**

Superannuation and standard life insurance play their role, but in many cases their funds can be delayed for many weeks until a death certificate is issued and probate is granted.

### **Can I withdraw my money?**

No. Sureplan benefits are payable only on the death of a member.

### **What happens if I cease paying my premiums?**

Non-payment for a period longer than 12 months will result in the policy being cancelled. No refunds will be made.

### **How is the benefit claimed and what evidence is needed to confirm my death?**

Someone, ideally the nominee, needs to ring our office on 1800 817 105 to advise of your death. Sureplan requires independent evidence of your death from a third party (e.g. the Funeral Director). The Society reserves the right to sight a death certificate before paying the benefit.

### **When does my membership commence?**

If you are accepted as a member your membership is effective from your date of application. However, if no premiums are received within six weeks of acceptance, your policy will be cancelled.

### **Who pays tax?**

Investment income earned by Sureplan on your investment in the fund will be subject to tax in the hands of Sureplan, but when benefits are paid to nominees, Sureplan will receive a tax deduction for the amount of the benefit that represents the taxed investment income. This will mean that benefits paid by Sureplan will be effectively at their gross (or untaxed) value.

Benefits received will be subject to tax in the hands of your estate in the year in which they are paid. The entire benefit received will be subject to tax, excepting for that amount which is a return of the premiums paid over the years which will be tax-free. The Board may declare a terminal bonus, based on taxable growth, payable in respect of claims paid in the twelve months following the annual 30 June actuarial valuation. Whether any actual tax is payable will depend on your estate's taxable income in that year.

Full policy proceeds that are entitled to be received by a funeral director or cemetery business will be assessable in full to that business in the year proceeds are paid.

It is recommended that appropriate and independent professional advice be sought to determine how tax laws may affect your individual circumstances, mindful that these laws may change from time to time.

### **Is GST payable?**

No - Sureplan Family Fund is a life insurance product and therefore GST is not added to the premiums, or benefits.

### **What fees and charges do I pay?**

None as an individual, but the whole Fund pays a monthly Management Fee to the Sureplan Friendly Society Ltd General Fund to cover operating and administrative costs. The fee is equal to 30% of all contributions received, plus a charge on the assets of the fund calculated at 1/12 of 1% of the balance of the fund as at the first day of each calendar month.

In the event of Sureplan Friendly Society Ltd ever being wound up members are subject to a guarantee not exceeding \$2.00 per member, if liabilities exceed assets.

### **When wouldn't Sureplan pay a benefit?**

If an undisclosed medical condition existed when joining or purchasing additional units, or under certain circumstances when the death is the result of suicide or when a fraudulent condition exists.

## **JOINING IS EASY**

Simply fill out the application form, tear it off, and post it back to us. Attached to the application form you will find a form for financial institution direct debit, and another for payroll deduction. Simply choose the payment method you prefer, fill out the appropriate form and mail it with your application. **For Queensland residents only - this application must be accompanied by a completed Client Care Statement.**

## **PAYING IS EASY TOO!**

### **Pay by Direct Debit**

We offer an automatic direct debit facility for the convenience of members. Your premiums will be automatically deducted from your bank, building society or credit union **monthly, quarterly, six-monthly or annually.** The choice is yours.

### **Payroll Deduction**

We have agreements with many employers that allow members to have their premiums deducted from their pay. **If you wish to use this facility, please check with your employer prior to filling out the appropriate form.**

## Extract of Financial Report FOR SUREPLAN FAMILY FUND

### Statement of Financial Performance 30/6/2014

	\$
Total Income	6,421,018
Total Expenditure	1,015,114
Profit	7,436,132

### Statement of Financial Position 30/6/2014

Total Assets	49,086,779
Total Liabilities	93,239
Net Assets	48,993,540
Total Benefit Fund Members' Funds	48,993,540

### Investment Strategies

The following asset classes may be used to maximise Sureplan Family Fund's returns;

Asset Type	% of Total Assets
Deposits with Authorised Deposit Taking Institutions	0-100%
Bonds	0-100%
Mortgages and Other Loans	0-30%
Shares, Notes, Debentures and other securities of any company	0-70%
Direct Real Property Investments; and	0-30%
Interests in Registered Managed Investment Schemes.	0-100%

As at 30/6/2014 the assets were invested as follows;

Deposits with Authorised Deposit Taking Institutions	4%
Interests in Registered Managed Investment Schemes	8%
Bonds (State Government Issue)	60%
Bonds	28%

## THE CURRENT BOARD OF DIRECTORS

John Clark Just (Chairman)  
Geoffrey Michael Woodcroft  
James Francis Walsh  
Mary-Ann Cook  
William Frederick Charles Wendt

Directors have no interest in the assets of the fund and receive no benefit or terms more favourable than other members. The completion of the attached application form is the only approved method of joining Sureplan Family Fund. ASIC takes no responsibility as to the contents of this disclosure document and application form.

The liability to pay the benefit is limited to the balance of funds in Sureplan Family Fund at the time a benefit is claimed. Sureplan Friendly Society Ltd (the Management Fund and other Benefit Funds) do not support nor are liable to guarantee any shortfall in payments for the Fund. However, the Directors of the Society and the Society's actuary consider that on statistical information and research undertaken by the Society the Fund will not have difficulty in meeting its obligations to pay benefits.

All taxation, social security and other technical information provided in this document reflects our general understanding of relevant laws, rulings and guidelines at the time of printing. As this position may change from time to time, we recommend you seek appropriate and independent professional advice before making any investment decisions.

## PRIVACY STATEMENT

*Sureplan Friendly Society Ltd (Sureplan) collects the personal information provided by you on this form for the purpose of assessing your application for membership, communicating with you in the event that your application is accepted, and providing you with details regarding Sureplan products and services of a similar type, assessing any claims you may make, and promptly making available any monies payable by one of our funds in the event of your death, to the person nominated by you to receive those funds on behalf of your estate to cover funeral expenses.*

*By applying for cover, you consent to Sureplan collecting (from third parties including hospitals, other health care providers and funeral homes) sensitive information about you and using it to consider your application for insurance, assessing any claims made by you, and any other related purposes. If you do not provide the information we request, we may not be able to provide the services that you or another person is seeking.*

*Sureplan will not disclose, share or sell your personal information to any unauthorised third party, and will only disclose your personal information to parties for the purposes of carrying out the functions outlined above or paying commission to our agents.*

*You may access, update or correct the personal information Sureplan holds about you in accordance with the Sureplan Privacy Policy, a copy of which is available upon request. Our Privacy Policy contains information about how you may make a complaint in relation to a breach of the Privacy Act or the Australian Privacy Principles.*

*In some instances, Sureplan may ask for personal details in order to comply with relevant legislation, such as the Life Insurance Act 1995, the Corporations Act 2001, or taxation laws to process your application, or provide you with Sureplan's high standard of service.*

*Sureplan requires that any requests for changes to a member's record must be in writing and signed by the member. It is imperative that members advise Sureplan of changes to theirs or their nominee's details promptly.*

*If you require further information, please contact us at the address in this document.*



TO BE COMPLETED BY A MEMBER

**SUREPLAN FAMILY FUND**

**AUTHORITY FOR DEDUCTION FROM SALARY OR WAGES**



Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Employee or AGS Number \_\_\_\_\_ Total Deducted Fortnightly \$ \_\_\_\_\_

**TO: STAFF PAY GROUP**

*I hereby authorise my employer or its duly appointed servants and agents to deduct, each pay period, from my salary/wages the amount indicated on this authority and pay this amount to the organisation named above.*

*All payments made on my behalf in accordance with this authority shall be deemed to be payments made to me personally.*

*In consideration of this deduction being made I indemnify the above mentioned employer and employees thereof against any failure to make deductions and remittances as authorised herein.*

*NOTE: No responsibility for the disposition of the monies deducted under this authority is accepted after they have been paid over to the nominated organisation.*

**THIS AUTHORITY CANCELS ALL PREVIOUS AUTHORITIES AND SHALL REMAIN IN FORCE UNTIL REVOKED BY SUREPLAN FRIENDLY SOCIETY LTD OR BY ME IN WRITING.**

Signature of Staff Member \_\_\_\_\_ Date signed \_\_\_\_\_ 20 \_\_\_\_

Staff Member's Name \_\_\_\_\_

**OFFICE USE ONLY**

Employee or AGS Number	Surname		Initials		Date of Birth		
____/____/____/____/____/____/____/____	_____		_____		____/____/____		
Old Basic Rate \$ ¢	New Basic Rate \$ ¢	Certified by					
:	:	_____ / ____ / ____					
Remarks	Permanent Variation				Organisation Recognition Code	Team No.	Paysheet No.
	Increase	Decrease	Increase	Decrease			

Computed by \_\_\_\_\_ Processed for period ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Checked by \_\_\_\_\_