



**SOUTH AUSTRALIAN**  
PENSIONERS' ASSOCIATION  
FUNERAL FUND

## BENEFIT PAYOUT FORM

THE SOUTH AUSTRALIAN PENSIONERS' ASSOC. INC.  
FUNERAL FUND  
ABN 38029 060 312

### APPLICATION FOR PAYMENT OF BENEFIT

..... [Name]

of..... [Address]

do solemnly and sincerely declare that I am:

☐ one of the executors of the estate of

☐ the next of kin of

☐ a person who has paid or is liable to pay the funeral account of

☐ the funeral director who conducted the funeral of

And declare that I am lawfully entitled to claim the benefit payable under the fund and am legally entitled to receive payment of that benefit in respect of:

..... [Deceased]

late of..... [Address]

Who died on the .....[day] of.....[month] of.....[year]

at.....

The funeral of the deceased was conducted by:

.....

A copy of the funeral account is attached hereto.

The deceased during his/her lifetime contributed to The South Australian Pensioners' Association Funeral Fund.

I request payment of the Funeral Fund benefit by cheque, payable to:

..... [Applicant]

Signed by..... [Applicant to sign]

and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1936.

Declared at..... [Address]

this ..... [day] of..... [month] of..... [year]

before me..... [Justice of the Peace]

JP, Commissioner for taking affidavits in the Supreme Court of South Australia, or any other person authorised to take an oath in South Australia.

Serious penalties apply under the oaths act for making a declaration knowing it to be untrue.

## CONTACT INFORMATION

If you have any other queries, please do not hesitate to contact us by phone or via the website.

### Head Office

PHONE	(08) 8357 2157
HOURS	Mon 9:30am and 12:30pm Wed 9:30am and 12:30pm Fri 9:30am and 12:30pm
ADDRESS	Unit 2, 198 Greenhill Rd Eastwood, SA 5063
WEBSITE	<a href="http://www.sapens.org.au">www.sapens.org.au</a>

If the matter is urgent, please ring **(08) 8263 2834** or **0410 663 881** outside office hours.