

Mutual Aid - Request for Relief – Death



People's Choice Credit Union,
a trading name of Australian Central Credit Union Ltd
ABN 11 087 651 125, acts under its own
Australian Financial Services Licence (AFSL 244310)
and Australian Credit Licence (ACL 244310)
T 13 11 82 peopleschoicecu.com.au

(THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY)

Deceased Member Details

		Member No.	
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
	<input type="checkbox"/> Miss	<input type="checkbox"/>	Other please specify
Member name:	First name(s)		Surname
Address:			
	Suburb	State	Postcode
Date of Birth:			

Medical Authority and Declaration

Relationship to Deceased Member

This authority or photocopy of, hereby authorises any hospital or medical practitioner to furnish People's Choice Credit Union, a trading name of Australian Central Credit Union Ltd with any medical information it requires in relation to this request for relief dated on

I (full name)			
of (residential address)			
Contact details:	Home	Mobile	
	Business	Email	

The next of kin / executor of the estate hereby request financial assistance and hereby warrant the truth of the foregoing statements and particulars in every respect

Signature: **This form must be hand signed with your personal signature** Date

Details of Death

PLEASE NOTE: A certified copy of the death certificate is required - please supply the final death certificate or copy of the Coroner's report, when available

Date of Death	<input type="text"/>
Cause of Death:	<input type="text"/>

If Death Was a Result of a Motoring Accident

PLEASE NOTE: If deceased was the driver of the motor vehicle, please provide a copy of the Blood Alcohol/Drug Analysis Report

Details of Motor Accident:

Please retain a copy of the completed form for your records.

Mutual Aid - Request for Relief – Death



People's Choice Credit Union,
a trading name of Australian Central Credit Union Ltd
ABN 11 087 651 125, acts under its own
Australian Financial Services Licence (AFSL 244310)
and Australian Credit Licence (ACL 244310)
T 13 11 82 peopleschoicecu.com.au

If Death was a result of Sickness or Accidental Injury

PLEASE NOTE: The regular medical practitioners statement to be completed by the deceased's treating Doctor – refer to Regular Medical Practitioner's statement

What date was the sickness /
accidental injury first diagnosed?

The sickness / accidental
injury resulted from:

The deceased suffered
previously in: and was incapacitated for: Period

Regular Medical Practitioner's statement – Must be completed for Sickness or Accident relief

Are you the deceased's
usual Medical Attendant? No Yes If yes, what date did you commence?

Cause of Death:

Date of First Treatment:

Onset Date of Symptoms:

Medical Practitioner signature: **This form must be
hand signed with your personal signature** Date

Print Name

Qualifications:

Address of Practice:

Suburb	State	Postcode
--------	-------	----------

Contact Ph. No.:

Mutual Aid - Request for Relief – Death



People's Choice Credit Union,
a trading name of Australian Central Credit Union Ltd
ABN 11 087 651 125, acts under its own
Australian Financial Services Licence (AFSL 244310)
and Australian Credit Licence (ACL 244310)
T 13 11 82 peopleschoicecu.com.au

Third Party Authority to make and receive enquiries in relation to this Mutual Aid - Request for Relief

If you wish to provide authority for another person to discuss this application on your behalf, please complete the authorisation and return with the application.

I (full name) _____ freely give permission for:

Name: _____

Address: _____

Contact Ph. No.: _____

To contact and be contacted to discuss information relating to and about the Mutual Aid - Request for Relief. I understand that this authorisation shall be valid until the application is finalised, and that I have a right to revoke this authorisation by written notification.

Signature: **This form must be hand signed with your personal signature** Date

Print Name

People's Choice Credit Union Use Only

Loan No:

Branch

Disbursement date:

Cessation date:

Repayment: PW / PF / PM

Operator's name Print Date