



**Give a helping hand  
to your family in  
their hour of need.**

***sure*plan**  
FAMILY FUND  
FUNERAL INSURANCE

Administered by  
Sureplan Friendly Society Ltd  
ABN 70 087 649 456  
AFS Licence No. 245522  
Serving Australians since 1935

Disclosure Document issued by Sureplan Friendly Society Ltd on 1 December 2005

# APPLICATION FORM



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 .....	

Nominee's Name .....	Alternative Nominee's Name .....
Address .....	Address .....
..... Postcode .....	..... 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.

<p>Are you now receiving or considering any medical or surgical treatment?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes    Details .....</p> <p>.....</p>	<p>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?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes    Details .....</p> <p>.....</p>
<p>Have you had any illness, injury or medical examination or advice, not detailed above, within the past 5 years?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes    Details .....</p> <p>.....</p>	<p>Has any application for Life, Accident or Sickness Insurance been declined, deferred, modified or rated up?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes    Details .....</p> <p>.....</p>
<p>If you have answered 'yes' to any of the medical questions, details of your current treatment must be provided.</p> <p>.....</p>	

<p>I represent 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; padding: 5px; width: fit-content;"> <p>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

Date      /      /     

Insert name and address of financial institution at which your account is held	
<p>Insert your name in full I/We .....</p> <p style="text-align: center;">Surname/s</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">Given Names</p> <p style="text-align: center;">.....</p> <p><i>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></p> <p><i>I/We understand and acknowledge that:</i></p> <ol style="list-style-type: none"> <li><i>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.</i></li> <li><i>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.</i></li> <li><i>3. The user may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.</i></li> </ol> <p>Customer Signature(s) .....</p> <p style="text-align: right;"><i>(If joint account all signatures may be required)</i></p> <p>Customer Address .....</p> <p style="text-align: right;">Post Code .....</p>	

## 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

Insert Member ID or Roll No. (if known)	
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Frequency of Deduction	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Six Monthly <input type="checkbox"/> Annually
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Office Use Only:

## ***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 Corporations Act 2001 and the Life Insurance Act 1995. Sureplan Friendly Society has administered funeral funds since 1935.

### ***Security for your family: 'Instant Money' when it's needed most***

The death of a loved one is a very traumatic time for family and friends. Sureplan Family Fund will ease the pain. Unless you have discovered the secret of eternal life, it is certain that at some stage you will die. Whether you live to 'a ripe old age' or you are taken earlier, your funeral will place an immediate financial burden on your family. Sureplan Family Fund **pays your nominee within 24 hours (one working day)** of notification of your death, so that they can make the necessary funeral arrangements with confidence.

### ***Benefits of Sureplan Family Fund Membership***

**Full immediate cover** - We will pay your nominee (on behalf of your estate) the benefit that you have selected, within one working day of the Society being notified of your death, even if it is the day after your membership is accepted.

**There are no entry or exit fees**

**Anyone can join** - \*Any person between 11 and 55 years of age may join this fund.

**Lifetime cover** - You only pay until the age of 60 years, but your benefit continues for a lifetime.

**Your benefit can grow** - In addition to the chosen benefit to be paid on your death, your nominee would also receive additional bonuses that may have accrued.

**Convenient payment** - Your premiums can be made by direct debit from your financial institution, payroll deduction (if applicable) or cash or credit card payments six monthly in advance.

**Low premiums & fixed payments** - The minimum fortnightly premium is \$1.65 and your premiums will remain unchanged unless you take additional benefits.

### ***Most commonly asked questions***

#### ***Who can join Sureplan Family Fund?***

Anyone between the ages of 11 and 55 years, married or single, can apply for membership. Current membership is over 15,500.

#### ***\*Does Sureplan offer other funeral products?***

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

For further information on these two products ring 1800 817 105.

#### ***How much does a funeral cost?***

The average funeral can cost between \$4,000 and \$8,000. You can select the benefit to suit your needs.

#### ***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.

#### ***Do I require health evidence?***

Sureplan reserves the right to require a medical certificate and/or examination.

#### ***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 required to confirm my death?***

Someone, ideally the nominee needs to ring our office on 1800 817 105 to advise us of your death. Sureplan Family Fund 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 only that the amount which is a return of the premiums paid over the years 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!***

**Financial Institution 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 30/6/2005*

	\$
Total Income	3,494,362
Total Expenditure	1,500,988
<b>Profit</b>	<b>1,993,374</b>

#### *Statement of Financial Position 30/6/2005*

Total Assets	24,492,608
Total Liabilities	86,465
<b>Net Assets</b>	<b>24,406,143</b>
<b>Total Benefit Fund Members' Funds</b>	<b>24,406,143</b>

#### *Investment Strategies*

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

<b>Asset Type</b>	<b>% of Total Assets</b>
Deposits with Authorised Deposit Taking Institutions	10-100%
Government Securities	0-90%
Mortgages & Other Loans	0-30%
Shares, Notes, Debentures	0-70%
Direct Property Ownership	0-30%
Units in Pooled Trusts	0-90%

As at 30/6/2005 the assets were invested as follows

Deposits with Authorised Deposit Taking Institutions	3%
Direct Property	9%
Units in Pooled Trusts	88%

### *The current Board of Directors*

Paul James Finch (Chairman)	Graham Francis Pitt	Geoffrey Michael Woodcroft
David Thomas Callaghan	John Clark Just	James Francis Walsh

Directors have no interest in the assets of the fund and receive no benefits 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, 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.*

*Sureplan does not disclose, share or sell your personal information with any unauthorised third party, and will only disclose it to parties for the purposes of carrying out the activities 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.*

*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 .....