

**DEATH WAIVER REQUEST FORM**

Please return this waiver request form promptly to us with all questions fully answered and a copy of the CERTIFIED DEATH CERTIFICATE attached.

**1. Personal Details (the deceased)**

Surname.....	First name .....
Date of birth .....	Loan number .....
Address .....	Suburb/Town .....
Telephone..... (.....)	Email .....

**2. Details of the Person Completing this Form**

Surname.....	First name .....
Date of birth .....	Relationship to the insured .....
Address .....	Suburb/Town .....
Telephone..... (.....)	Email .....

**3. Details of Death**

Please attached a copy of the Certified Death Certificate.

**4. Declaration and Privacy Act 1993**

I acknowledge that this waiver request form collects personal information concerning me pursuant to the terms of the payment waiver terms and conditions for the purposes of evaluating my waiver request. The personal information provided in this waiver request form is collected by and will be held by Oxford Finance Limited. I have the right to access and to correct this information subject to the provisions of the Privacy Act 1993.

I authorise the use and disclosure of my personal information to Oxford Finance and others for the purposes of assessing my request. I authorise any medical practitioner/s I have consulted to provide information and documents recording my medical condition and medical history.

I declare that all statements made in this form are true and correct and that no material has been withheld. I acknowledge that if I have not answered any questions correctly, completely or faithfully, my waiver request may be declined. I acknowledge that any approved waiver amount will be applied to my loan with Oxford Finance.

Signature of Customer X ..... Date .....