

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 2020

I acknowledge that this waiver request form collects personal information concerning the deceased pursuant to the terms and conditions of the payment waiver for the purposes of evaluating this waiver request. The personal information provided in this waiver request form is collected and held by Oxford Finance Limited. I have the right to access and correct this information subject to the provisions of the Privacy Act 2020.

I authorise the full disclosure of any information regarding the deceased's medical history including copies of any medical reports, clinical reports or otherwise to Oxford Finance Limited on their request.

I declare that all statements made in this form are true and correct and that no material information has been withheld.

I acknowledge that if I have not answered any questions correctly, completely or honestly, my waiver request may be declined.

I acknowledge that any benefits payable under this waiver request will be paid to the financier of the deceased's loan.

Signature X..... Date