

Application for registration of a funeral fund

*Funeral Funds Act 1979
Funeral Funds Regulation 2016*

FEE: \$561

Before completing this application, please consult the accompanying explanatory notes.
Indicate by placing a ✓ in the appropriate option

1. **The applicant for registration of this funeral fund is a:**

- ☐ New funeral fund ☐ Previously exempt funeral fund

2. **Type of fund:**

- | | |
|--|---|
| <input type="checkbox"/> Pre-paid funeral fund
* Company (go to Q3A)
* Individual trustees (go to Q3B) | <input type="checkbox"/> Funeral contribution fund
* Company (go to Q3A) |
|--|---|

DECLARATION

I/We hereby apply for registration under the *Funeral Funds Act 1979*, and certify that the particulars specified in this application and all attachments are, to the best of my knowledge, true and correct in every detail. I/We further acknowledge that I/We have read the Guide to making application. I/We undertake to fulfil all obligations under the Act and acknowledge that penalties apply for providing false or misleading information.

Statement under the *Privacy and Personal Information Protection Act 1998*.

The applicant for this licence:

- authorises NSW Fair Trading to make any inquiries and to receive and disclose any information which is relevant to the applicant's initial and ongoing eligibility to hold this registration,
- acknowledges that information will be placed on a register open to the public in accordance with the *Funeral Funds Act 1979*,
- accepts that failure to supply information required on this application form may delay the processing of the application,
- has the right to seek access to and correction of information supplied.

Signature	Full name	Date

Signature	Full name	Date

Signature	Full name	Date

Lodgement of application:

Registry and Accreditation

By post: PO Box 22, Bathurst NSW 2795

Enquiries:

1800 502 042

3A. **CORPORATION APPLICANT DETAILS**

Company name

ACN

ABN

Date of incorporation

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Attach a certified copy of the company's certificate of incorporation at Attachment "A")

Registered office address

Principal place of business

Telephone

Fax

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Addresses of all other places where business is conducted

Directors details:

Director 1

Surname

Given names (in full)

Occupation

Former name(s) (including maiden name if applicable)

Residential address

Date of birth

Place of birth

Driver's licence number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone number

Fax number

Mobile number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Director 2

Surname

Given names (in full)

Occupation

Former name(s) (including maiden name if applicable)

Residential address

Date of birth

Place of birth

Driver's licence number

Telephone number

Fax number

Mobile number

Director 3

Surname

Given names (in full)

Occupation

Former name(s) (including maiden name if applicable)

Residential address

Date of birth

Place of birth

Driver's licence number

Telephone number

Fax number

Mobile number

(if more than 3 directors, attach additional pages showing subsequent directors)

3B. **INDIVIDUAL TRUSTEE APPLICANT DETAILS**

Registered business name – if applicable (under the *Business Names Registration Act 2011*)

Registered business number – if applicable

Principal place of business of pre-paid funeral fund

Addresses of all other places where business is conducted

Individual trustee applicant details:

Applicant 1

Surname

Given names (in full)

Occupation

Former name(s) (including maiden name if applicable)

Residential address

Date of birth

Place of birth

Driver's licence number

Telephone number

Fax number

Mobile number

Applicant 2

Surname

Given names (in full)

Occupation

Former name(s) (including maiden name if applicable)

Residential address

Date of birth

Place of birth

Driver's licence number

Telephone number

Fax number

Mobile number

Applicant 3

Surname

Given names (in full)

Occupation

Former name(s) (including maiden name if applicable)

Residential address

Date of birth

Place of birth

Driver's licence number

Telephone number

Fax number

Mobile number

(if more than 3 applicants, attach additional pages showing subsequent applicants)

4. **CHARACTER AND REPUTATION OF DIRECTORS/TRUSTEES**

- (i) Each director or individual trustee is to supply the names, addresses & telephone numbers of two referees, to whom reference may be made by Fair Trading regarding character and reputation. Details to be supplied in Attachment "B".
- (ii) Each director or trustee is to complete the declaration at Attachment "C".

5A. **REQUIREMENTS FOR REGISTRATION** *(for funeral contribution fund)*

- (i) Does the applicant company carry on pre-paid funeral benefit business?

☐ Yes

☐ No

Indicate the provisions in the company's constitution that prohibit the carrying on of this type of business:

- (ii) Will the income of the company derived from funeral contribution benefit business be applied only towards the provision of funeral benefits to contributors and management expenses?

☐ Yes

☐ No

Indicate the provisions in the company's constitution that deal with the use of income.

- (iii) Are the contributors to the funeral contribution fund able to become members of the company?

☐ Yes

☐ No

Indicate the provisions of the company's constitution that deal with qualifications for membership of the company.

- (iv) Provide the full name, address and telephone details of the company's auditor.

- (v) Provide a statement signed by each director that the company will be able to comply with the provisions of the Funeral Funds Act and Regulation, and attach at Attachment "D".

- (vi) Attach a copy of the company's constitution at Attachment "E".

5B. **REQUIREMENTS FOR REGISTRATION** (for pre-paid funeral fund)

- (i) Individual trustee applicants should be aware that section 36 of the Funeral Funds Act 1979 restricts individuals from carrying on a pre-paid funeral benefit business. Individual applicants should be aware they are making a declaration to this effect by signing this form.

Company applicants must not carry on a pre-paid funeral benefit business. The company's constitution may have provisions prohibiting the carrying on of a pre-paid funeral benefit business. Please indicate where these provisions are located within the company's constitution.

- (ii) Does the applicant acknowledge that prior to approval of registration of the funeral fund, a bond (or such other arrangement as approved by the Director-General) in an amount to be advised, must be lodged with the Registrar?

☐ Yes

☐ No

- (iii) Attach a copy of the trust deed (existing or proposed) appointing the applicant or applicants as trustee of funds paid under pre-paid contracts at Attachment "F".

6. **ADDITIONAL INFORMATION TO BE SUPPLIED BY PREVIOUSLY EXEMPT FUNERAL CONTRIBUTION FUNDS AND PRE-PAID FUNERAL FUNDS**

How many members are there in the fund?

What is the total value of contributions?

Is the fund continuing to take on new members?

☐ Yes

☐ No

If you are a previously exempt fund and have been providing financial reports to either ASIC or APRA, a copy of the last report lodged with either or both ASIC or APRA should be attached at Attachment "G".

7. **ADMINISTRATION BOND** (pre-paid funeral funds only) - s36(1)

- (i) A bond (or any other financial arrangement that is approved by Fair Trading) for an amount that, in the opinion of Fair Trading, is sufficient to secure the due administration of the trust funds for which the company or group proposes to act as trustee is required.
- (ii) Provide an estimate of the costs of administration of the fund for a period of three years along with the basis for such estimation.

8. **INFORMATION ABOUT THE FUND AND ITS BUSINESS** (funeral contribution funds only)

Will the fund be subject to any reporting obligations requirements to the Australian Prudential Regulation Authority (APRA) or the Australian Securities & Investment Commission (ASIC)?

☐ Yes

☐ No

Provide at Attachment "H" the following documents:

- (i) a statement of the capital structure of the company (including the capital paid-up and the nature and value of the shares), and provide a brief written statement describing the manner in which the business or scheme is conducted,
- (ii) a copy of each agreement made with a person for the carrying out of funeral services for the company,
- (iii) a copy of each agreement made with a person for the collection of contributions on behalf of the company,
- (iv) a description of the types of funeral benefits proposed to be provided by the company,
- (v) a statement of the company's proposed records with respect to membership, accounts and statistics.

9. **ACTUARIAL INFORMATION** (funeral contribution funds only)

A report from an actuary, as defined in section 4 of the Act and addressing the following matters should be provided at Attachment I:

- (i) an actuarial assessment of the adequacy of the records for the proper conduct of the funeral contribution business of the company,
- (ii) a copy of the tables of contribution rates proposed to be used by the company, together with a statement of the bases and formulas from which those rates have been calculated,
- (iii) actuarial projections of the expected income and expenditure of the company over the next 10 years, prepared in accordance with Schedule 1 of the Regulation (a copy of this is contained within the *Guide to making application*),
- (iv) a statement of the proposed manner of providing for any financial deficiencies, including financial deficiencies appearing from the projections referred to in paragraph (iii),
- (v) a statement of the proposed method of offsetting any overdue contributions against the amount to be paid out on a contributorship if the contributor ceases contributing to the fund before any contingency occurs on which a benefit is required to be provided.
- (vi) An actuarial assessment or projection must contain a statement to the effect that the assessment or projection has been prepared by an actuary in the knowledge of the aims of the company and of the types of contributions agreements proposed to be transacted by the company.

10. **RULES OF CONTRIBUTORY FUNERAL FUNDS** (s13(1)(i))

Rules must provide that, on the death of any person:

- (a) who has contributed for at least 10 years to the funeral contribution fund proposed to be constituted by the company, and
 - (b) who has ceased before his or her death so to contribute,
- the company will pay an amount, equal to the paid-up value of the person's contributions, towards the cost of a funeral service for the person to be provided under an agreement between the company and the funeral director.

11. **OTHER MATTERS** (previously exempt funds only)

Are there any matters, in your opinion, that the Director-General should consider in relation to whether there should be any relaxation of or exemption from the requirements of the Funeral Funds Act or Regulation?

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ATTACHMENT "A"

(See Question 3A)

Attach a copy of the company's certificate of incorporation here



ATTACHMENT "B"

(See Question 4)

Details of referees in respect of each director or trustee

(Attached additional page(s) if necessary)

1. Name of director/trustee

Full name of referee 1

Address of referee

Telephone - work

Telephone – home

Full name of referee 1

Address of referee

Telephone – work

Telephone – home

2. Name of director/trustee

Full name of referee 1

Address of referee

Telephone - work

Telephone – home

Full name of referee 1

Address of referee

Telephone – work

Telephone – home

3. Name of director/trustee

Full name of referee 1

Address of referee

Telephone - work

Telephone – home

Full name of referee 1

Address of referee

Telephone – work

Telephone – home

ATTACHMENT "C"

(See Question 4)

Declaration by directors/trustees as to character

(One declaration to be completed by each individual)

(Photocopy page if necessary)

- | | | | |
|-----|---|-----|----|
| 1. | Have you been known by any other name? | Yes | No |
| 2. | Have you been declared bankrupt or assigned an estate for the benefit of creditors? | Yes | No |
| 3. | Have you been a trustee of a trust or a director or other officer of a company which has been placed under a receiver or official manager or has been wound up or entered into a compromise or scheme of arrangement with its creditors? | Yes | No |
| 4. | Have you been convicted of any offence or had any offence proved against you under any Act or Regulation (excluding minor traffic offences)? | Yes | No |
| 5. | Have you served any part of a term of imprisonment for any offence? | Yes | No |
| 6. | Have you been disqualified or suspended from holding any occupational licence, permit or certificate, or had any application for any licence, certificate or permit refused? | Yes | No |
| 7. | Have you entered into a recognisance that is still in force in relation to any offence? | Yes | No |
| 8. | Have you been disqualified or suspended or refused permission from practising any profession, carrying on any business or trade or being employed in or engaged in a profession, trade, business, or industry? | Yes | No |
| 9. | Is there a charge pending for any offence? | Yes | No |
| 10. | Have you been disqualified, suspended, disbarred or prohibited from holding any public, civil, corporate or other office or been ordered to have their or its name removed from any roll or register? | Yes | No |
| 11. | Have you been dealt with by any board, committee, licensing authority, court or other tribunal in relation to or arising from their or its fitness to continue to conduct or to be engaged in or be employed in any profession, trade, business, or industry? | Yes | No |
| 12. | Have you had an application under the Funeral Funds Act 1979 refused or withdrawn? | Yes | No |

If the answer to any of the above questions is YES, please give relevant details. If insufficient space, please attach a separate sheet. If bankruptcy, assignment of estate, receivership, liquidation, etc, a letter from a solicitor or accountant should be forwarded, giving an explanation of the cause and stating whether there are any unpaid external creditors. If a discharged bankrupt, a copy of the discharge certificate should be forwarded.

Signature: _____ Full name: _____

ATTACHMENT "C"

(See Question 4)

Declaration by directors/trustees as to character

(One declaration to be completed by each individual)

(Photocopy page if necessary)

- | | | | |
|-----|---|-----|----|
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| 3. | Have you been a trustee of a trust or a director or other officer of a company which has been placed under a receiver or official manager or has been wound up or entered into a compromise or scheme of arrangement with its creditors? | Yes | No |
| 4. | Have you been convicted of any offence or had any offence proved against you under any Act or Regulation (excluding minor traffic offences)? | Yes | No |
| 5. | Have you served any part of a term of imprisonment for any offence? | Yes | No |
| 6. | Have you been disqualified or suspended from holding any occupational licence, permit or certificate, or had any application for any licence, certificate or permit refused? | Yes | No |
| 7. | Have you entered into a recognisance that is still in force in relation to any offence? | Yes | No |
| 8. | Have you been disqualified or suspended or refused permission from practising any profession, carrying on any business or trade or being employed in or engaged in a profession, trade, business, or industry? | Yes | No |
| 9. | Is there a charge pending for any offence? | Yes | No |
| 10. | Have you been disqualified, suspended, disbarred or prohibited from holding any public, civil, corporate or other office or been ordered to have their or its name removed from any roll or register? | Yes | No |
| 11. | Have you been dealt with by any board, committee, licensing authority, court or other tribunal in relation to or arising from their or its fitness to continue to conduct or to be engaged in or be employed in any profession, trade, business, or industry? | Yes | No |
| 12. | Have you had an application under the Funeral Funds Act 1979 refused or withdrawn? | Yes | No |

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Signature: _____ Full Name: _____

ATTACHMENT "C"

(See Question 4)

Declaration by directors/trustees as to character

(One declaration to be completed by each individual)

(Photocopy page if necessary)

- | | | | |
|-----|---|-----|----|
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| 4. | Have you been convicted of any offence or had any offence proved against you under any Act or Regulation (excluding minor traffic offences)? | Yes | No |
| 5. | Have you served any part of a term of imprisonment for any offence? | Yes | No |
| 6. | Have you been disqualified or suspended from holding any occupational licence, permit or certificate, or had any application for any licence, certificate or permit refused? | Yes | No |
| 7. | Have you entered into a recognisance that is still in force in relation to any offence? | Yes | No |
| 8. | Have you been disqualified or suspended or refused permission from practising any profession, carrying on any business or trade or being employed in or engaged in a profession, trade, business, or industry? | Yes | No |
| 9. | Is there a charge pending for any offence? | Yes | No |
| 10. | Have you been disqualified, suspended, disbarred or prohibited from holding any public, civil, corporate or other office or been ordered to have their or its name removed from any roll or register? | Yes | No |
| 11. | Have you been dealt with by any board, committee, licensing authority, court or other tribunal in relation to or arising from their or its fitness to continue to conduct or to be engaged in or be employed in any profession, trade, business, or industry? | Yes | No |
| 12. | Have you had an application under the Funeral Funds Act 1979 refused or withdrawn? | Yes | No |

If the answer to any of the above questions is YES, please give relevant details. If insufficient space, please attach a separate sheet. If bankruptcy, assignment of estate, receivership, liquidation, etc, a letter from a solicitor or accountant should be forwarded, giving an explanation of the cause and stating whether there are any unpaid external creditors. If a discharged bankrupt, a copy of the discharge certificate should be forwarded.

Signature: _____ Full Name: _____

ATTACHMENT "D"

(See Question 5A(v))

We, the undersigned, as company directors of _____

_____ do hereby advise that

will be able to comply with the provisions of the Funeral Funds Act 1979 and the Funeral Funds Regulation 2016 that will be applicable to us.

Signature: _____ Full name: _____

Signature: _____ Full name: _____

Signature: _____ Full name: _____

ATTACHMENT “E”
(See Question 5A(vi))



Company constitution to be attached here

ATTACHMENT "F"
(See Question 5B(iii))



Attach copy of proposed or existing trust deed here

ATTACHMENT “G”
(See Question 6)



ATTACHMENT “H”
(See Question 8)



ATTACHMENT "I"

(See Question 9)

