

Life Claim Form

Use this form if you are making a claim for a life insurance policy.

We know this can be a tough time, so we'll do our best to make things a bit easier and assess your claim as quickly as possible.

How to fill in this form:

- Fill in Section 1 with the Person Insured's details.
- Fill in Section 2 with your (the Claimant's) personal details. If there are multiple policy owners or beneficiaries, please include details for all claimants.
- Fill in your bank account details on section 3 or attach a Bank Deposit Slip showing the bank account details for the direct credit.
- Carefully read, declare, and sign Section 4.
- Attach a copy of the Death Certificate, Will and certified copy of a probate (if applicable) with the form.

Complete, sign and return this form by:

Email: claims@asteronlife.co.nz

OR

Post: Asteron Life, PO Box 894, Wellington 6140, Freepost 795

If premiums are currently being paid by Automatic Payment, the person paying the premium will need to contact the bank to cancel the authority.

If you have any questions or concerns, don't hesitate to call us on **0800 737 101**. We're here to help.

Personal Information Disclosure

This form collects personal information which is necessary to assess and manage your claim. If you do not provide all the requested information we may not be able to accept or assess your claim correctly. Personal information you provide about yourself or other individuals will be used and stored by Asteron Life Limited, Level 13, 55 Featherston Street, Wellington and other members

of the Suncorp Group. Under the Privacy Act individuals have certain rights of access to, and to request correction of, any personal information we hold about them. More detail about Asteron Life's privacy practices is contained in the Asteron Life Privacy Statement available at www.asteronlife.co.nz/privacy or on request.

1. Person Insured's Details

Family name

Given name(s)

Date of death /

Policy number*

**The policy number can be found on the policy schedule or by calling Asteron Life on 0800 737 101*

Name of the deceased's spouse, partner or nearest relative

Family name

Given name(s)

1. Has the deceased left a Will?
If 'yes' please attach a copy.

Yes No

2. Have Probate or Letters of Administration been applied for?
If 'yes' please attach a copy.

Yes No

3. If the deceased was insured with any other life insurance provider(s), please give details.

Provider

Sum insured

2. Claimant(s) Details

If there is more than one executor of the estate, multiple policy owners or nominated beneficiaries, please include details for all claimants (who must also sign this document).

Claimant 1

Full name	<input type="text"/>		
Address	<input type="text"/>	Phone number	<input type="text" value="(0)"/>
	<input type="text"/>	Email address	<input type="text"/>
	<input type="text" value="Post Code"/>		

Claimant 2

Full name	<input type="text"/>		
Address	<input type="text"/>	Phone number	<input type="text" value="(0)"/>
	<input type="text"/>	Email address	<input type="text"/>
	<input type="text" value="Post Code"/>		

Claimant 3

Full name	<input type="text"/>		
Address	<input type="text"/>	Phone number	<input type="text" value="(0)"/>
	<input type="text"/>	Email address	<input type="text"/>
	<input type="text" value="Post Code"/>		

Claimant 4

Full name	<input type="text"/>		
Address	<input type="text"/>	Phone number	<input type="text" value="(0)"/>
	<input type="text"/>	Email address	<input type="text"/>
	<input type="text" value="Post Code"/>		

3. Bank Account Details

Payment Details

For payment by direct credit, please supply your bank account details or attach a bank deposit slip showing bank account details.

Account name	<input type="text"/>															
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	BANK	BRANCH	ACCOUNT NUMBER								SUFFIX					

4. Declarations and Signatures

Your Declaration

Please complete this section if the total amount claimed for is less than \$15,000 and Letters of Administration or Probate have not been applied for:

I declare that the deceased (Please tick one):

- Died without leaving a Will. Letters of Administration are not being applied for and I am entitled to claim the proceeds of this plan under Section 65 of the Administration Act 1969.
- Left a Will. Probate is not being applied for and I am entitled to make this claim.

Your Signature

This section must be signed in all cases.

I declare that I conscientiously believe the information set out in this document (including if applicable the section above headed "Your Declaration") is true and correct. I agree that by receiving payment of the amount shown above I release all claims that have been made or may be made to Asteron Life under this policy.

Claimant 1

Full name Signature **Sign here**
Date / /
If electronically completing form, type your name here

Claimant 2

Full name Signature **Sign here**
Date / /
If electronically completing form, type your name here

Claimant 3

Full name Signature **Sign here**
Date / /
If electronically completing form, type your name here

Claimant 4

Full name Signature **Sign here**
Date / /
If electronically completing form, type your name here