

Claim Form

Please ensure all questions are completed in full. If any questions are missed it will cause delays in assessing your claim.

Policy number:

Name of deceased:

Date of death:

Your details

Title	_ First name	Last nam	e
Address			Date of Birth
Phone number _		Mobile number	
Email address			
Your relationship	to the deceased		

Required Documents

To help us process your claim please complete and sign this form and return it to us in the envelope

provided, along with the documents listed in our cover letter.

We also require confirmation of your (the Claimant's) identity. Please refer to the end of this form for a full list of approved documents we can accept as confirmation of identity and how to get a certified copy.

Cause of Death and Medical Details

To help us process your claim, please answer the following questions:



a)	What was the cause of death?
b)	Who was the deceased's usual doctor/medical clinic? Name Address
Other	Policies
Did th	e deceased have any other life policies or accident policies covering their life (not including this
policy)	? Yes [] No []
If yes,	please provide the policy number and the name and address of the other insurer(s)
Would	l you like us to consider paying the funeral bill direct to the funeral director?

Yes [] No []

Any additional information you wish to provide concerning your claim



Account Information						
Please give details of where you would like the policy's pay-out to be sent. This can only be paid to UK						
bank accounts.						
Please note that requesting your account details does not imply that we are admitting liability for the						
claim.						
Account in the name of:						
Bank/Building Society name:						
Sort Code:		-				
Account Number:		-				

Declarations

I declare that I am entitled to claim the pay-out of this policy as I am:

Please select one by ticking the first relevant option.

The joint policy owner

The Personal Representative(s) named on the Grant of Representation

This option can be selected if there is no joint policy owner

(All Personal Representatives will need to sign this form)

The Legal Executor(s) named in the Deceased's Will



This option can only be selected if there was no joint policy owner and you are not applying for a Grant of Representation

(All legal Executors will need to sign this form)

The Deceased's next of kin []

This option can only be selected if there was no joint policy owner, you are not applying
for a Grant of Representation and if there was no valid Will.

Husband Wife Son(s) Daughters(s) Other. Please specify

(All individuals who are entitled to claim the pay-out of this policy will need to sign this form)

- I confirm the information I have provided regarding this claim is correct to the best of my knowledge and belief.
- I understand that false statements or failure to provide relevant information may lead to my claim being refused.
- I understand only one claim can be made under this policy and that I will be responsible for dealing with any dispute arising from any claim with other beneficiaries or family members.
- I consent to the Insurer, or its representatives, seeking information relating to cause of death, including but not restricted to copies of medical information from the coroner or from any medical practitioner, or similar medical professional who has attended to the Life Insured.



- The information you provide will be used to manage the administration and assessment of your claim and to comply with our regulatory requirements. We will not use the data for any other purpose.

Signed:	Date:
Print Name:	
Signed:	Date:
Print Name:	
Signed:	Date:
Print Name:	
(In CAPITALS)	

I/We hereby request the proceeds of the policy in accordance with my instructions above, in full and final discharge of all liability under the policy.



ANNEX 1

LEGAL DISCLAIMER

This information is for general guidance only and is not legal advice. If you need more details on your rights or legal advice, please contact an adviser or solicitor. We have tried to ensure that the information is accurate. (as at January 2021) However, we will not accept liability for any loss, damage or inconvenience arising as a consequence of any use of the information.

The government website below provides some useful information on what to do when someone dies. It covers registering the death, arranging the funeral, bereavement benefits and how to deal with the estate.

This can be found at https://www.gov.uk/when-someone-dies



You are required to verify your identity

UK money laundering regulations require us to confirm your identity (name and address) before we pay out a claim. In order to confirm your identity, please provide either of the following:

Option A: One document from the UK Photo Identity documents list

Option B: Two separate documents, one from the Evidence of name list (section 1) and one from the Evidence of current address list (section 2). The same document cannot be used to cover both sections, and they must each come from a different source.

IMPORTANT: The documents you provide must be original or certified copies (details overleaf).

Option A:

UK PHOTO IDENTITY DOCUMENTS

- Current signed UK Passport
- Current UK photocard driving licence
- National Identity Card
- Firearms Certificate of Shotgun licence
- Identity card issued by the Electoral Office for Northern Ireland

Option B:

SECTION 1 – EVIDENCE OF NAME

• Birth Certificate



- Current full UK driving licence (old paper version)
- Current provisional UK driving licence (photocard)
- Current EEA passport or EU member state ID card
- UK bank or building society statement dated within the last 3 months
- Letter confirming entitlement to a state or local authority funded benefit, including housing benefit and council tax benefit or state pension (no more than 3 months old)
- Residence permit issued by the Home Office to EU nationals

SECTION 2 – EVIDENCE OF CURRENT ADDRESS

- Current full UK driving licence (old paper version)
- Current provisional UK driving licence (photocard)
- Local Authority tax bill (valid for the current year)
- UK bank or building society statement (no more than 3 months old)
- UK utility bill (not including mobile phone bill) and no more than 3 months old.
- HMRC correspondence dated within the last 12 months.
- Local council rent card or tenancy agreement
- UK mortgage statement (dated within the last 12 months)

If you are unable to provide any of the documents, then please contact us.

How do I get a copy of a document certified?

- 1) Take your original document, together with a photocopy, to a professional person. For example:
- Post Office Identity Checking Service
- Financial Adviser



- Accountant
- UK Solicitor or Lawyer
- Barrister
- Tax Consultant
- Licensed Conveyancers
- Scotland Lawyer (Individual from the Faculty of Advocates)
- Notary (Individual from the Faculty of the Archbishop of Canterbury)
- Insolvency Practitioner

IMPORTANT: The person you ask must not be related to you, living at the same address as you or in a relationship with you.

- 2) Ask the professional to:
- Write 'I certify that this is a true copy of the original seen by me.' on the document
- Sign and date the document
- Print their name under the signature
- Add their occupation, industry, address and telephone number