

Accidental Death Claim Form

We'll assess your claim as quickly as possible. The information you provide will help us do this and make sure our assessment is accurate. Please complete all sections of the form as requested – an incomplete form could delay the assessment of your claim.

- Please attach a copy of the Death Certificate and Will (if one exists) and send to Asteron Life either by emailing claims@asteronlife.co.nz or posting to Freepost 198921, PO Box 894, Wellington 6140.
- If premiums are currently being paid by Automatic Payment please make sure this authority is cancelled.

We're happy to help if you have any queries about this form. Please call us on 0800 737 101, or talk to your adviser.

A. Deceased's details

Policy number*

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

Family name

Given name(s)

Date of death

Cause of death

Was the death a result of an accident? eg. car accident.....Yes No

Please tell us the name of the deceased's spouse, partner or nearest relative (below).

Family name

Given name(s)

1. Has the deceased left a Will?.....Yes No
If 'yes' please attach a copy.

2. Have Probate or Letters of Administration been applied for?Yes No
If 'yes' please attach a copy.

3. If the deceased was insured with any other companies, please give details.

Company

Sum insured \$

Company

Sum insured \$

B. Claimant(s) details

Claimant 1

Full name

Address

Phone number

Email address

Post Code

Claimant 1

Full name

Address

Phone number

Email address

Post Code

C. Payment Details

For payment by direct credit please advise your account details, or attach a bank deposit slip showing the bank account details:

Account name

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

Privacy Act

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

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, and 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 have read and understood the 'Privacy Act' section of this application. 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 on Asteron Life under this policy.

Claimant 1

Full name Signature **Sign here**
Date

Claimant 2

Full name Signature **Sign here**
Date