

Life 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.

Payment Details

Step 1 - Complete the form

- Electronically (recommended): Fill in the form, type your name in the signature field at the bottom, and save it. Or,
- Handwritten: Print the form, fill it in and sign it at the bottom.

Step 2 - Include the following attachments (if they exist):

- A copy of the Death Certificate.
- A copy of the Will.
- A copy of the Probate or Letters of Administration.

Step 1 - Complete the form

- Email (recommended): claims@asteronlife.co.nz. Or,
- Post: Freepost 198921, PO Box 894, Wellington 6140.

If you have any questions we're happy to help - just call us on 0800 737 101, or talk to your adviser.

Note: If your premiums are currently being paid by Automatic Payment, please make sure this authority is cancelled.

A. Deceased'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	
Please tell us the name of the deceased's spouse, par	tner or nearest relative (below).	
Family name	Given name(s)	
Has the deceased left a Will? If 'yes' please attach a copy.		Yes No No
Have Probate or Letters of Administration been ap If 'yes' please attach a copy.	pplied for?	Yes No No
3. If the deceased was insured with any other compa	anies, please give details.	
Company	Sum insured \$	
Company	Sum insured \$	

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B. Claimant(s) details

Claimant 1						
Full name						
Address	Phone number					
	Email address					
	Post Code					
Claimant 2						
Full name						
Address	Phone number					
	Email address					
	Post Code					
Claimant 3						
Full name						
Address						
	Post Code					
Claimant 4						
Full name						
Address	Phone number					
	Email address					
	Post Code					
Payment	Details					
	direct credit please advise your account details, or attach a bank deposit slip showing the bank account					
Account name						
Account number	BANK BRANCH ACCOUNT NUMBER SUFFIX					
Privacy A	act					
personal inform requirements. Y located in New	e of the Privacy Act, we confirm that we collect and use your personal information and may disclose your nation to third parties for the purpose of administering your policy or in order to comply with legal Your details are stored securely within Asteron Life and may also be securely stored electronically on servers Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to another personal information. The collection of this information is required under the terms of your policy.					
	ormation about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. nline at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, 0.					
Your declarati	ion					
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

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.

If you're sending this form by email, you can simply type your full name (no signature is required). If you're sending this form by post, please sign below.

Claimant 1		
Full name	Signature	Sign here
Date		
Claimant 2		
Full name	Signature	Sign here
Date		
Claimant 3		
Full name	Signature	Sign here
Date		
Claimant 4		
Full name	Signature	Sign here
Date		