

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, 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	<input type="text"/>	Sum insured	<input type="text" value="\$"/>
Company	<input type="text"/>	Sum insured	<input type="text" value="\$"/>

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

Asteron Life

PO Box 894, Wellington 6140, NZ

Ph: **0800 737 101** (Contact Centre hours: Mon–Fri 8.30am–5pm)

Email: claims@asteronlife.co.nz Web: asteronlife.co.nz