

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.

Step 1 – Complete the form

- **Electronically (recommended):** Fill in the form, 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 3 – Return 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 Sum insured \$

Company Sum insured \$

4. Who is completing this form?

- Executor(s) of the Estate – please complete either Section B on Page 2 or Section C on Page 3
- Joint Policy Owner – please complete Section D – Page 4

B. Executor(s) of the Estate (for claim settlement to the Nominated Beneficiary(s))

Please complete the following and provide copies of proof of identification (for example drivers licence, passport etc) for each nominated beneficiary.

Nominated Beneficiary 1

| | | | |
|-----------|--|---------------|----------------------|
| Full name | <input type="text"/> | | |
| Address | <input type="text"/> | Phone number | <input type="text"/> |
| | <input type="text"/> | Email address | <input type="text"/> |
| | <input type="text" value="Post Code"/> | | |

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/number | <input type="text"/> | <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <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"/> |
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| | | BANK | BRANCH | ACCOUNT NUMBER | | | | | | | | SUFFIX | | | | | | |

Nominated Beneficiary 2

| | | | |
|-----------|--|---------------|----------------------|
| Full name | <input type="text"/> | | |
| Address | <input type="text"/> | Phone number | <input type="text"/> |
| | <input type="text"/> | Email address | <input type="text"/> |
| | <input type="text" value="Post Code"/> | | |

Payment Details

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| | | BANK | BRANCH | ACCOUNT NUMBER | | | | | | | | SUFFIX | | | | | | |

Nominated Beneficiary 3

| | | | |
|-----------|--|---------------|----------------------|
| Full name | <input type="text"/> | | |
| Address | <input type="text"/> | Phone number | <input type="text"/> |
| | <input type="text"/> | Email address | <input type="text"/> |
| | <input type="text" value="Post Code"/> | | |

Payment Details

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

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| | | BANK | BRANCH | ACCOUNT NUMBER | | | | | | | | SUFFIX | | | | | | |

Nominated Beneficiary 4

| | | | |
|-----------|--|---------------|----------------------|
| Full name | <input type="text"/> | | |
| Address | <input type="text"/> | Phone number | <input type="text"/> |
| | <input type="text"/> | Email address | <input type="text"/> |
| | <input type="text" value="Post Code"/> | | |

Payment Details

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

| | | | | | | | | | | | | | | | | | | |
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| | | BANK | BRANCH | ACCOUNT NUMBER | | | | | | | | SUFFIX | | | | | | |

Once this page has been completed, please complete Section E on Page 5.

C. Executor(s) of the Estate Details (for claim settlement to the Estate)

Please complete the following by providing details for each Executor of the estate as named in the Will.

Claimant 1

| | | | |
|-----------|--|---------------|----------------------|
| Full name | <input type="text"/> | | |
| Address | <input type="text"/> | Phone number | <input type="text"/> |
| | <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"/> |
| | <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"/> |
| | <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"/> |
| | <input type="text"/> | Email address | <input type="text"/> |
| | <input type="text" value="Post Code"/> | | |

Payment Details

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

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| <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 | | | | | | | | | | | | | | |

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.

Once this page has been completed, please complete Section E on Page 5.

D. Joint Policy Owner Details

Please complete the following by providing details for each owner of this policy.

Claimant 1

Full name

Address

Phone number

Email address

Claimant 2

Full name

Address

Phone number

Email address

Claimant 3

Full name

Address

Phone number

Email address

Claimant 4

Full name

Address

Phone number

Email address

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/number

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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BANK BRANCH ACCOUNT NUMBER SUFFIX

Once this page has been completed, please complete Section E on Page 5.

Declaration and Privacy Statement

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.

E. 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, sign your name either electronically, or print the form and sign.

Executor of Estate or Joint Owner

Full name Signature [Sign here](#)
Date

Executor of Estate or Joint Owner

Full name Signature [Sign here](#)
Date

Executor of Estate or Joint Owner

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Full name Signature [Sign here](#)
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