

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

Fami	ly name		Given name(s)						
Date	of death								
Polic	y number'	c c							
*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).									
-ami	ly name		Given name(s)						
		ceased left a Will?ase attach a copy.		Yes No No					
		ate or Letters of Administration been applied foase attach a copy.	or?	Yes No No					
3. If	the dece	ased was insured with any other companies, pl	ease give details.						
С	Company		Sum insured	\$					
С	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 deta	ils, or attach a bank	deposit slip showing the bank account				
details:	and the state product device your decount deta	ino, or attaon a barin	asposit oup showing the ballit associate				
Account name							
Account numbe	-						
Account number	BANK BRANCH ACCOUNT NUMBER	SUFFIX					
Privacy A	ct						
	e of the Privacy Act, we confirm that we collect						
	ation to third parties for the purpose of admin our details are stored securely within Asteror						
located in New	Zealand or overseas, by third parties on our bour personal information. The collection of this	oehalf. You can cont	act us at any time to request access to and				
	rmation about how we deal with your persona nline at www.asteronlife.co.nz by phoning 080						
Wellington 6140	,	707 101, 01 by WI	tung to Asteron Ene Elimited, 1 & Box 604,				
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

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		