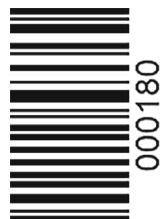




DEATH CLAIM FORM JOINT OR DUAL LIFE

A certified copy is a copy of the original document which has been stamped as a true copy by your solicitor, your broker, any bank, financial institution or Garda Station.



In the interest of customer service we will record and monitor calls.

Please use CAPITAL LETTERS throughout

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at www.irishlife.ie or you can ask us for a copy.

To process this claim we need the following:

1. The plan owner/trustee/assignee to complete this claim form.
2. Original deed of assignment - if the plan is being used as security for a loan or mortgage.
3. Certified copy of the Death Certificate which notes the medical cause of death.

Note: If the full Death Certificate is not yet available, please provide us with a certified copy of the interim death certificate and any further information surrounding the circumstances or cause of death. This will help us begin medically assessing the claim. Any additional information can be completed overleaf in the box provided.

We need relevant personal health information to assess this claim. We may need to contact you if we need to clarify any information or ask you for further information. We may also need to get relevant personal health information in connection with this claim from GPs, consultants, hospitals or other health professionals. We may use the health information obtained at this claim for any subsequent claims to Irish Life.

If you have any queries regarding the claims process, please refer to the 'Death claims - a guide to claiming under a life assurance plan' booklet. A copy is available on our website www.irishlife.ie.

If you have any questions about filling in this form, please contact our Customer Service team on 01 704 1010 or email protection@irishlife.ie

Our lines are open:

8am - 8pm Monday to Thursday
10am - 6pm Friday
9am - 1pm Saturday

Please return this form and other documents to -
Protection Claims Team,
Irish Life Assurance plc,
Lower Abbey Street, Dublin 1, Ireland.

Plan Details

Life Covered

(Name of the person who has died)

Date of Death

Plan Numbers

THE PERSON CLAIMING MUST FILL THIS IN

I am legally entitled to claim the amount you will pay under this plan as I am the:

Plan owner ☐ 2nd life assured ☐ trustee ☐ assignee ☐ (please tick the relevant box)

Declaration

I declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete.

I understand and agree that the claim with Irish Life Assurance plc (Irish Life) will be based on all personal and health information Irish Life hold from applications and all personal and health information received for any claim.

Claimant's Name

Claimant Signature

Date

Assignee's stamp if applicable

Please sign and date

Authorisation:

I authorise Irish Life to request and receive personal health information from any GPs, consultants, hospitals or other health professionals who attended the person who has died, concerning their physical or mental health.

Name

 Please sign and date

Signature

Date

Name and Address (Where we should send the cheque)

Name

Address 1

Address 2

Address 3

Contact Details

Contact Number

Email Address

If you require the cheque to be made payable to your solicitor's client account, please provide us with your solicitor's name and address details and sign below

 Please sign and date

Signature of Claimant

Date

We can only fully process claims when we receive all documents we need. By sending you this form we are not admitting liability.

Please use this space to provide any more information that you think may help us to process this claim faster or to outline any specific instructions you would like us to note.

Thank you

Additional Information

