

AA Life Claim Form

So that we can assess your claim as quickly as possible, please print and complete this claim form, checking that all sections have been completed clearly. Please attach a copy of the Death Certificate and Will (if one exists) and send to AA Life Claims either by emailing claims@aalife.co.nz; faxing 0800 808 144 or posting to Freepost 198921, PO Box 894, Wellington 6140.

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

We are here to help and assist you as much as we can. If you have any questions please feel free to call us on 0800 874 444.

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 AA Life on 0800 874 444.

Please tell us the name of the deceased's spouse, partner or nearest relative:

Family Name	Given Name(s)
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	Yes	No
Has the deceased left a Will (if yes, please attach a copy)	<input type="checkbox"/>	<input type="checkbox"/>
Have Probate or Letters of Administration been applied for? (if yes, please attach a copy)	<input type="checkbox"/>	<input type="checkbox"/>

If the deceased was insured with any other companies, please give details.

Companies	Sum Insured \$

Claimant(s) Details

Please note: If there is more than one executor of the estate, multiple policy owners or nominated beneficiaries, please include details for all claimants (who must also sign this document).

Name
Address and phone number

Name
Address and phone number

Payment Details

For Payment by Direct Credit please attach a Bank Deposit Slip showing the bank account details.

bank account name

Privacy Act 1993

This information is being collected and will be held securely by AA Life Services Limited (AA Life) and, or Asteron Life Limited (AA Life). It is intended for use by AA Life and, or Asteron Life and third parties acting on their behalf, for the purpose of administering this policy and claim and in order to comply with legal requirements. Under the Privacy Act 1993 you are entitled to request access to and/or correct any personal information held by AA Life and, or Asteron Life. If you do not supply the information sought your claim may be declined. For further information please refer to the AA Life and Asteron Life privacy policies available on www.aalife.co.nz and www.asteronlife.co.nz, by phoning 0800 874 444, or by writing to AA Life at PO Box 894, Wellington 6140.

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 (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

This section must be signed in all cases.

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. I agree that by receiving payment of the amount shown above I release all claims that have been made or may be made on AA Life and, or Asteron Life under this policy.

Signature of Claimant:

Name of Claimant:

Date:

Signature of Claimant:

Name of Claimant:

Date: