

# Life Claim Form

Use this form if you are making a claim for a life insurance policy.

We know this can be a tough time, so we'll do our best to make things a bit easier and assess your claim as quickly as possible.

## How to fill in this form

- Fill in Section 1 with the Person Insured's details.
- Fill in Section 2 with your (the Claimant's) personal details. If there are multiple policy owners or beneficiaries, please include details for all claimants.
- Fill in your bank account details in section 3 or attach a Bank Deposit Slip showing the bank account details for the direct credit.
- Carefully read, declare, and sign Section 4.
- Attach a copy of the Death Certificate, Will and certified copy of a probate (if applicable) with the form.

**Complete, sign and return this form by:** Email to [claims@aalife.co.nz](mailto:claims@aalife.co.nz)

Post to Asteron Life, PO Box 894, Wellington 6140

## Personal Information Disclosure

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](http://www.asteronlife.co.nz) by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

## Section 1 – Person Insured's Details

|                |                      |               |                      |
|----------------|----------------------|---------------|----------------------|
| Family name    | <input type="text"/> | Given name(s) | <input type="text"/> |
| Date of death  | <input type="text"/> |               |                      |
| Policy number* | <input type="text"/> |               |                      |

\*The policy number can be found on the policy schedule or by calling AA Life Insurance on 0800 874 444

Name of the deceased's spouse, partner or nearest relative

|             |                      |               |                      |
|-------------|----------------------|---------------|----------------------|
| Family name | <input type="text"/> | Given name(s) | <input type="text"/> |
|-------------|----------------------|---------------|----------------------|

- Has the deceased left a Will? Yes ☐ No ☐  
If 'yes' please attach a copy.
- Have Probate or Letters of Administration been applied for? Yes ☐ No ☐  
If 'yes' please attach a copy.
- If the deceased was insured with any other life insurance provider(s), please give details.

|         |                      |           |                         |
|---------|----------------------|-----------|-------------------------|
| Provide | <input type="text"/> | Sum insur | \$ <input type="text"/> |
|---------|----------------------|-----------|-------------------------|

## Section 2 – Claimant’s Details

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).

### 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"/> | 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"/> | 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"/> | 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"/> | Post Code     |                      |

## Section 3 – Bank Account Details

### Payment Details

For payment by direct credit, please supply your bank account details or attach a bank deposit slip showing bank account details.

|                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Account name   | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Account number | <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               |                      |                      |                      |                      |

## Section 4 – Declarations and Signatures

### Your Declaration

Please complete this section if the total amount claimed for is less than \$40,000 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. 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 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 to Asteron Life as the underwriter of AA Life Insurance policies.

#### Claimant 1

Full name  Signature  

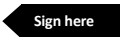
Date  /  /

#### Claimant 2

Full name  Signature  

Date  /  /

#### Claimant 3

Full name  Signature  

Date  /  /

#### Claimant 4

Full name  Signature  

Date  /  /

### Asteron Life Limited

contactus@aallife.co.nz | 0800 874 444 | +64 4 495 8700

Contact Centre Hours: Mon – Fri, 8.30am-5pm

AA Life Insurance policies are distributed by the New Zealand Automobile Association Incorporated and provided and underwritten by Asteron Life Limited.