

Death Claim Form

Joint or dual life

The plan owner/trustee/assignee will fill this in.

Please return this form and other documents to:

Protection Claims Team

Irish Life

57 Temple Road

Blackrock

Co. Dublin

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 also available on our website www.irishlife.ie.

Please use BLOCK CAPITALS

If you have any questions about filling in this form, please contact our Protection Claims Team on 1850 200 563 or email cli.techclaims@irishlife.ie

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

To process this claim we also need the following:

- Certified copy of the death certificate
- Original deed of assignment if the plan is being used as security for a loan or mortgage

Plan Details

Name of the person who has died

NOTE: A certified copy

is a copy of the original which has been stamped

as a true copy by your

solicitor, any bank or

financial institution or Garda station.

Life covered

Date of death

Plan Number(s)

d	d	/	m	m	/ y	у	у	у	7										

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 relevant box)

I agree that you can contact and obtain information from any doctor or health professional who may have treated the person who has died or any insurance company or any other person who may hold relevant information on the person who has died. I agree that doctors and insurance companies can disclose this information for the purposes of processing this claim. I agree claims details may be used for general statistical purposes



Signature(s)

Date

Where we should send the cheque

> Address

Phone Number(s)

Fmail

X														



Home Work
Mobile