

Death Claim Form

Single life plan where the amount payable is more than €60,000

An executor or administrator will fill this in

Please return this form and other documents to:

Protection Claims Team

Irish Life

57 Temple Road

Blackrock

Co. Dublin

Please use BLOCK CAPITALS

The proceeds of this plan are payable to the legal representatives of the deceased's estate. A Grant of Probate or Letters of Administration will be required before payment can be made.

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 web site www.irishlife.ie

To process this claim we also need the following:

- Certified copy of the Death Certificate
- · Certified copy of the Grant of Probate

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.

The executor or administrator must fill this in

NOTE: A certified copy

is a copy of the original

as a true copy by your solicitor, any bank or

financial institution or

Garda station.

which has been stamped

Name of the person who has died

Plan Details

> Life covered

Date of death

Plan Number(s)

I am legally entitled to claim the amount you will pay under this plan. 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 any 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 that claim details may be used for general statistical purposes.

Name and address of executor or administratror(s)



Please sign

or administrator

Signature of executor

X

Signature of second executor or administrator (if applicable)





If you require the cheque to be made payable to a different person (other than the executor or administrator), please provide us with the payee details

	Signature of executor	V	
Please sign and date	or administrator	X	
-	Date	dd/mm/yyyy	
Where we should send the cheque	> Address		
	Phone Number(s)	Home Work	
		Mobile	
	Email		
		elation to us contacting you on the claim in general.	
	7 try additional information in the	clation to as contacting you on the claim in general.	
	We can only fully process claims when we receive all documents we need. By sending you this form we are not admitting liability.		
	specific instructions you would	e any more information that you think may help us to process this claim faster or to outline any I like us to note.	
	Specific mistractions you mount		
	Thank you		

