

Death Claim Form

Joint or dual life

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

Please return this form and other documents to:

Risk Benefits Team,
Irish Life Assurance plc,
Lower Abbey Street,
Dublin 1, Ireland.



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 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 Customer Service team on 01 704 1010 or emailCustomerservice@irishlife.ie

Our lines are open:

8am - 8pm Monday to Thursday

10am - 6pm Friday

9am - 1pm Saturday

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

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

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 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

Address

(Where we should send the cheque)

Contact details

(Home)

(Work)

(Mobile)

(E-mail)

Any additional information in relation to us contacting you on the claim in general

If you require the cheque to be made payable to a third party, please provide us with the payee details (full name and address).

Signature of Claimant

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



Irish Life

Lower Abbey Street
Dublin 1 Ireland
Telephone 01 704 2000
Fax 01 704 1900
ILA 6926 (NPI 07-09)