

# 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 - **Risk Benefits Team, Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1.**

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](http://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

A certified copy is a copy of the original document which has been stamped as a true copy by a solicitor any bank or financial institution or at a Garda Station.

If you have any questions about filling in this form, please contact our Customer Service team on 01 704 1010 or email [customerservice@irishlife.ie](mailto:customerservice@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.

## Plan details

**THE EXECUTOR OR ADMINISTRATOR MUST FILL THIS IN.**

Life covered	<input type="text"/>
	(Name of the person who has died)
Date of death	<input type="text" value="/"/>
Plan numbers	<input type="text"/> <input type="text"/> <input type="text"/>
<p>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.</p>	
Name and address of executor or administrator(s)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Signature of executor or administrator	<input type="text"/>
Signature of second executor or administrator (if applicable)	<input type="text"/>



Irish Life

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 or administrator

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

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 6924 (NPI 08-09)