



Details needed to complete the claim

Deceased's Name:			
Deceased's Pol No(s):			
Deceased's Date of Birth:			
Deceased's Date of Death:	____ / ____ / ____ (please confirm)		

Contact Details of the person(s) responsible for managing the estate of the deceased for us to use in any correspondence

Claimant Name			
Relationship to Deceased:			
Primary address for SunLife to use for further contact:			
Telephone Number:			
Email Address:			

Bank account details where the policy benefits should be paid (note: this cannot be the deceased's account and must be the account of the claimant named above, unless an Executor's account has been opened for the purpose)

Bank Account Name:			
Sort Code:	_ _ - _ _ _ - _		
Account Number:	_ _ _ _ _ _ _ _ _ _		
Account Holders date of birth:	____ / ____ / ____ (must be provided if paid to a personal account)		

Supporting Documents that you need to enclose:

Death Certificate - (Original Death or Certified Copy) - Please tick to confirm this is enclosed (please refer to appendix A for a list of who may certify the copy)

AND

Will: Please tick to confirm that the Policyholder left a Will and that a certified copy is enclosed

OR

No Will: Please tick to confirm that no Will was left

We know how important these documents are so we strongly recommend that you send any original documents to us by Royal Mail recorded delivery. We only return original documents and aim to do so within 2 days of receipt.

Claim Declaration

I / We hereby declare:

- Upon request from Phoenix Life, apply to the Probate Registry of the High Court or Sheriff's Court for a grant of representation, if one has not already been obtained and if I / we are eligible to make such an application. I / we understand that I / we must meet the costs of obtaining the grant of representation.
- The information provided in this Claim Form, and in any other documents associated with this claim is correct and complete.
- Where there is more than one claimant, we agree for all payments due to claimants or other beneficiaries to be made in accordance with the instructions in this Claim Form.
- Understand, and agree, that on payment of the deceased's policy proceeds I / we shall have no further financial claims against Phoenix Life. For the avoidance of doubt, this discharge shall not prohibit me / us from raising a claim relating to any act or omission by Phoenix Life in relation to the policy / policies.
- For a claim with no will:
If any dispute arises as to the entitlement to the proceeds of any of the Deceased's policies, or if a valid claim against one or more of those policies is made by another party other than who I / we have declared, I / we will repay to Phoenix Life some or all of the amount you have received as a result of this claim, upon request from Phoenix Life
- If the claimant is an executor:
As executor we are paying the full amount of the claim to yourself. However, if any dispute arises as to the entitlement to the proceeds of any of the deceased policies, or if a valid claim comes against one or more of those policies is made by another party other than who I / we have declared I / we will repay Phoenix Life some or all of the amount I / we have received as a result of this claim, upon request of Phoenix Life.

Please ensure all beneficiaries signatures and names are included (e.g. all executors, all children etc)

..... Signature Signature

..... Print Name Print Name

..... Signature Signature

..... Print Name Print Name

Appendix A :

Who can certify a document

Your document must be certified by a professional person or someone well-respected in your community ('of good standing'). You could ask the following if they offer this service:

- bank or building society official
- councillor
- minister of religion
- dentist
- chartered accountant
- solicitor or notary
- teacher or lecturer

The person you ask should not be:

- related to you
- living at the same address
- in a relationship with you