

# Claim

Policy number

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partners life

## Life Claim

To be completed by the person making the claim.

### 1.0 Adviser involvement

Your adviser will be kept informed of your claim. Please indicate if you do not want your adviser kept informed about your claim:

No, I do not want my adviser involved

### 2.0 Type of cover

Life  Life Income  Funeral Plan  Business Life  Accidental Death

### 3.0 Life assured

Title  First name(s)  Surname   
Cause of death  Date of death

### 4.0 Claimant details

#### First claimant

Title  First name(s)  Surname

#### Second claimant

Title  First name(s)  Surname

#### Third claimant

Title  First name(s)  Surname

Street name  Suburb

Town/City  Postcode

(if different from above)

Postal address

Email address

Contact number  Alternate contact number

(see note 1)

Relationship to the deceased

### 5.0 Grant of probate – your title to claim (see note 3)

#### 5.1 Are you the policy owner?

Yes. Go to Section 6.0 | No. Go to Section 5.2

Yes  No

#### 5.2 Is the value of the claim less than \$15,000?

Yes. Go to Section 6.0 | No. Go to Section 5.3

Yes  No

#### 5.3 Are you the deceased's widow/widower?

Yes. Go to Section 5.4 | No. Go to Section 5.5

Yes  No

#### 5.4 Did your late spouse leave an estate with a value greater than \$15,000?

Yes. Go to Section 5.5 | No. Go to Section 6.0

Yes  No

#### 5.5 Letters of Administration or Probate are required. Please confirm document is enclosed.

Yes  No

## 6.0 Final checklist of documents you need to send to us

For a Business Life Claim we only require a fully completed Claim Form, and an original or certified copy of the Death Certificate.

For Personal Life Cover, Life Income or Funeral Plan we require ALL of the following:

- |                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Fully completed claim form                                    | <input type="checkbox"/> | Original or certified copy of death certificate |
| <input type="checkbox"/> | Original or certified copy of Coroners report (if applicable) | <input type="checkbox"/> | Probate/Letters of Administration (if required) |

## 7.0 If your claim is accepted, please note payment will be made by direct credit into the nominated account

**It's important that you complete this section properly.**

Please pay direct into the nominated bank account below.

Account holder

Bank/Building society name

Bank

Branch

Account number

Suffix

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

## 8.0 Declaration (see note 4)

### Please read and sign this declaration.

8.1 This claim form collects personal information about you, any other claimants and any life assured for whom you are claiming under the policy. The intended recipient of this information is Partners Life Limited. Partners Life Limited collects, stores, uses and discloses personal information in accordance with its privacy policy available at [www.partnerslife.co.nz/privacy-policy](http://www.partnerslife.co.nz/privacy-policy).

8.2 In signing this form, all claimants are accepting the following declarations:

- I/we hereby make application for the payment of the monies due under the policy(ies) numbered above.
- To the best of my/our knowledge and belief, the information provided in this form is correct, and I/we authorize payment to be made to the above payee.
- I/we agree that any payment made by Partners Life Limited shall be in full and final settlement of my/our claim on the policies numbered above.
- I/we understand that making a false claim, or supplying false information, Partners Life may be entitled to use one or more of the remedies set out in the policy document for dealing with such matters.

8.3 If you are claiming without supplying a grant probate, please confirm your acceptance of the following statement by ticking the appropriate box below:

- In consideration of the payment made by Partners Life Limited to me/us under the above policy/policies without production of a Grant of Probate, I/we hereby agree to indemnify Partners Life Limited against all losses, claims, costs and demand to which Partners Life may be put in consequence of such payment.

I agree to the above statement

Not applicable

8.4 If you are claiming without supplying the original Policy Document(s), please confirm your acceptance of the following statement by ticking the appropriate box below:

- I/we declare that I/we have been unable to find the Policy Document(s). I/we confirm that the Policy has not been deposited or assigned in security for a loan, and I/we undertake to indemnify Partners Life Limited against any other claim that may arise, and against expenses arising from such a claim.

I agree to the above statement

Not applicable

I hereby declare that the statements in this form are true and correct in every respect and that I have not abstained from engaging in or attending to any profession, business or occupation either totally or partially longer than absolutely necessary as a result of injury or sickness. I will provide Partners Life Limited such further evidence of my claim as may reasonably be required. If any answer is not in my handwriting, I declare that it has been written down at my dictation.

Name of first claimant

Signature of first claimant

Date

Name of second claimant

Signature of second claimant

Date

Name of third claimant

Signature of third claimant

Date

## Notes to assist with completing this claim form

### Note 1: Relationship to the deceased.

Enter the capacity in which you are claiming. For example, are you:

- The Proposer of the policy: i.e. the owner of a policy written on the deceased's life.
- The deceased's Executor: i.e. the person appointed in the deceased's will to ensure that his / her wishes are carried out in relation to how his / her assets and property are to be dispersed.
- The deceased's Nominee: i.e. the person designated by the policyholder to receive the proceeds of an insurance policy in the event of his / her death. If this is the case, we will need to see a copy of the Nomination Form.
- The deceased's Assignee: i.e. a person or company to whom ownership of policy benefits has been transferred by deed of assignment. If this is the case, we will need to see a copy of the Deed of Assignment.

If you are none of these, please state your relationship to the deceased, for example spouse, son / daughter, parent, sibling, etc.

### Note 2: Payment Details

Payment will be made by direct credit to your bank account, so it is important that you complete the life cover claim discharge form properly.

Please remember that once the payment reaches your account, it will take a minimum of 2 or 3 days to clear and allow you access to your money.

If you are not the policy owner and you do not provide a Grant of Probate, then we are obliged to settle to the deceased's next of kin as established in the following order by the law of intestacy: (i) spouse, (ii) children, (iii) parents (iv) siblings according to the rules in the Administration Act 1969.

In all circumstances, Partners Life Limited reserves the right to insist on sight of a Grant of Probate if it is deemed necessary.

### Note 3: Grant of Probate (title to claim)

A Grant of Probate is a document issued by the Court that enables the person(s) named in it to deal with the assets and belongings (the 'estate') of a deceased person. You can apply to have your claim settled without producing a Grant of Probate if the total claim will be for no more than \$15,000.

### Note 4: Declaration

By signing the declaration, you confirm your acceptance of the statements contained therein. If there is more than one person who is legally entitled to claim on the policy(ies), then the declaration must be signed by each such person. If you are applying to have your claim paid without producing a Grant of Probate, then you must agree to recompense us if we have to make payment again to a subsequent claimant who produces a grant. Please note that every effort should be made to find the original Policy Document(s).