

# Death Claim Form

**Please note:** All questions must be completed and accompanied by certified copies of death certificate, proof of age and will.

Mark boxes with  where appropriate, otherwise use block letters. Leave a box between words.

## Death Claim Form relating to:

Policy No.

## Section 1. Life insured details

Title  Surname

Given names

Address

Suburb  State  Postcode

Occupation/Profession  Date of death  /  /

Cause of death

Duration of illness  Age last birthday

Was the Deceased?  Married  Unmarried  Widowed  De Facto

Did the Deceased leave a Will? Yes  No

Other than this property did the Deceased possess any property? Yes  No

Is there any intention to apply for Probate or Letters of Administration? Yes  No

Is the Estate being handled by:  Solicitors  Public Trustee  Trustee Company  Other

Provide name and address below:

Name	Address and phone number



## Section 2. Declaration

Name (please print)

I

Address (please print)

Of

hereby declare that I am 18 years of age and that I am legally entitled to claim the proceeds of the said policy/ies,

being the \* of the Deceased, and hereby undertake to

indemnify the Company against any loss it may incur in paying the proceeds to me, should I be called upon to do so, and that the particulars which are given above are true and correct.

Signature of claimant

Date

/  /

Signature of witness#

Date

/  /

\* State here in which capacity you claim, whether as Father, Mother, Widower, or other relation, or as a Proponent, Assignee, Trustee Beneficiary, Executor, or Administrator of the Estate etc.

# Signature to be witnessed by a Justice of the Peace, except when signed in the presence of an Officer of the Insurer.

Please attach original documents with this form.

Please return this form and any attachments to:



Insurance Claims  
GPO Box 3319  
Sydney NSW 2001

## have you met life today?

For Client Services call

**1300 134 669**

Monday to Friday 8.00am to 6.00pm EST

# MetLife®

**MetLife Insurance Limited**

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