

## Claim form A

This claim form should be completed in full by the person(s) who is legal owner of the policy. If this form isn't completed in full this may delay the claim assessment.

Policy number	<input type="text"/>
Policyholder	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of deceased	<input type="text"/>
Date of death (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please send **all** of the following documentation:

- The original policy certificates
- An original death certificate
- UK Grant of Representation
- Certified copy of a valid passport or ID card for the person(s) named on probate
- Certified copy of proof of address for the person(s) named on probate
- A completed form of authority and discharge (attached).  
(This must be completed by the person(s) as named in the UK probate)

**for office use only**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

### Values

The values vary, depending on the purpose for which they are being supplied. By way of explanation:

The 'Probate Value' is the figure needed for the purpose of applying for a Grant of Representation. This figure is the value of the policy on the day before the death of the policyholder.

The 'Claim Value' is the sum, which, under the terms of the policy conditions, will eventually be released to the personal representative (ie executor or administrator). It is this figure that will be paid together with interest accruing from the notification date. This figure is the value of the policy on the day RL360 Life Insurance Company Limited (RL360° Services) is notified of the death of the policyholder.

### Certified documents

We can accept original documents or certified copies of documents from any of the following:

- An authorised representative of an embassy or consulate of the country that issued the identification document.
- A notary public, lawyer or advocate.
- A Regulated Introducer (or authorised employee thereof).

#### Certified copies must include:

- The name, signature and occupation of the person providing the certification.
- A statement to the effect that it is a true copy of an original.
- The date on which the document was certified.

Any original documents will be returned.

## Form of authority and discharge

To: RL360° Services, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Policy number

Date of death (dd/mm/yyyy)

Claim value

This is the value of the policy on the day RL360° Services is notified of the death of the policyholder.

Name of claimant

A claimant is the surviving owner/trustee(s)/personal representative (ie executor or administrator).

I/We authorise and request RL360° Services to pay the claim value in accordance with the payment instructions below. I/We agree that any payment made by RL360° Services shall be in satisfaction of any claims which I/We can or may have under the policy. This does not prevent RL360° Services being liable to make further payment in the event of their negligence.

### Reimbursement for lost policy certificates

**Please note: This section is only relevant in situations where, after a thorough search, the policy certificates could not be found.**

I/We agree that I/We will be responsible for any losses and/or expenses incurred by RL360° Services in consequence of making payment to me/us without me/us having provided the policy certificates.

## Payment instructions

Please make payment by telegraphic transfer to: **Please note that this must be the person named on probate or a solicitor's client account.**

Bank name

Account number

Sort and/or swift code

Address of bank

Postcode

**Please note: IBAN code must be provided for euro payments.**

Name of account holder(s)

Account holder's address

Postcode

Signature of claimant(s)

Date (dd/mm/yyyy)

Name

**Please note:** Payments by telegraphic transfer are subject to a charge of GBP20, USD30 or EUR25, which will be deducted from the payment before it is sent.

## Declaration: For Accidental Death Benefit claim

I/We declare that all the statements made by me/us, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief.

I/We consent to RL360° Services seeking from any doctor, hospital, medical institution or other person, information which may be related to the life assured's occupation, physical or mental health, including the results of any tests, and I/we authorise the giving of such information.

I/We understand that by furnishing this form and investigating the claim or by accepting proof of claim, RL360° Services shall not be held to admit the validity of any claim nor to have waived any of its rights in defence of any claim arising under the policy.

Name of doctor	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Name of coroner	<input type="text"/>
Telephone number	<input type="text"/>
Signed by deceased's next of kin	<input type="text"/>
Name	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please return the completed form to: RL360° Services, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.