

Need any help completing this form? Call us on 1300 880 750 8am-8pm AEST

1. To assist us in ensuring you receive a prompt settlement, please complete the details below. If you need any assistance with this form, please call our Claim's Department on **1300 880 750**.
2. Please note that if the policy owner has nominated a third party beneficiary in accordance with the Insurance Contracts Act, then policy proceeds will be paid to that third party.
3. If no nomination has been made, the policy proceeds will be paid in accordance with Probate or Letters of Administration.

### Part A – Claim application

Policy Number:  Policy Owner:   
Full Name of Deceased:  Date of Death: dd:  mm:  yyyy:

#### Please complete either question 1 OR 2

##### 1. To be completed if the deceased had a Will

Executor(s) named in the Will:   
  
  
Has Probate been applied for?   
Has Probate been granted?

If the claim application is being completed by someone other than those stated above, please give details:

##### 2. To be completed if the deceased did not have a Will

Have Letters of Administration been applied for?   
If so, by whom?   
Have Letters of Administration been granted?

If Letters of Administration are not being applied for, please state the full name of the claimant and their relationship with the deceased:

Has any portion of the premiums for this policy been paid for by a Self-Managed Superannuation Fund? Yes  No

If yes, please provide details

### Part B – Policy discharge (Please note, this section of the form will only be used if TAL accepts liability for the claim)

I / We hereby request payment of \$  being the sum insured for the above policy, by cheque, made payable to


(Payee)  of (Address)

in full satisfaction of all claims whatsoever under the above policy for the above life insured, and do hereby discharge TAL Life Limited from all liability thereunder other than for payment of the amount stated.


Sign here:  Date: dd / mm / yy


Sign here:  Date: dd / mm / yy

#### HOW TO RETURN YOUR DOCUMENTS

 FREE Post Reply Paid 62, Carlton South VIC 3053

 FREE Fax 1800 245 662

 1300 880 750

 [claims@Insuranceline.com.au](mailto:claims@Insuranceline.com.au)