

# Request for settlement of a claim

Please complete in Black Ink

## Life assured/annuitant

Policy number(s)	
Title (please tick one) Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Forename(s)
	Surname

## Declaration

1. Please tick one of the three options below

- I/we declare that the life assured died leaving a will, a copy of which is attached, naming me/us as sole beneficiary(ies) and the only person entitled to share his/her estate
- I declare that the life assured died without leaving a will and that I am the widow/er of the deceased
- I/we declare that the life assured died without leaving a will

2. I/We also declare that the total amount of his/her estate, including the proceeds of the above policy(ies) did not exceed £50,000 and that a Grant of Letters of Administration/Confirmation Dative has not been taken out.

3. I/We further declare that all debts and funeral expenses have been, or will be, paid.

4. I/We promise that I/We will be responsible for any losses and/or expenses which are the result of any untrue, misleading, or inaccurate information deliberately given by me, or on my behalf, either in this form or with respect to the benefits from the policy.

5. I/We also promise to take out a Grant of Letters of Administration/Confirmation Dative if called upon to do so.

Signature of Declarant	Date	<input type="text"/>
------------------------	------	----------------------

Relationship to deceased
--------------------------

Signature of Declarant	Date	<input type="text"/>
------------------------	------	----------------------

Relationship to deceased
--------------------------