

ClearView Roll-Over Bond Death Notification

Part A: Details of deceased Policy Owner/ Life Insured

Policy number

Name of deceased Policy Owner/Life Insured

Date of birth

Part B: Our requirements

We require the following documents:

- Completed Death Notification form
- Certified copy of the Death Certificate.
- Certified copy of probate or a certified copy of letters of administration in respect of the Policy Owner.

Under the Policy, the Policy Owner/Life Insured may have specified a nominated beneficiary to receive the benefit of the Policy on his/her death. If the nominated beneficiary was alive at the time of the Policy Owner's death, we will generally pay the benefit to him/her and the documents above will generally be sufficient for us to pay this benefit. However, if either no nominated beneficiary has been specified in the Policy, or a nominated beneficiary was specified but he/she died before the Policy Owner, we can only pay the benefit to the Policy Owner's estate.

If no copy of a grant of probate or letters of administration can be provided, please indicate below whether someone has applied, or will be applying, for a grant of probate or letters of administration and, if so, who.

- Letters of administration/grant of probate will not be applied for.
- Letters of administration/grant of probate has been, or will be, applied for (insert details of applicant below).

Name of applicant

Address of applicant

If any of this information is not made available, payment of the benefit may be delayed.



This form can be posted (no stamp required) to:

ClearView
Client Operations
Reply Paid 4232 – GPO Box
Sydney NSW 2001

Part C: Person who completed this form

By signing this form you acknowledge that, to the best of your knowledge, the information provided on this form is true and complete.

Name

Address

Relationship to the deceased

Telephone number

I have read and consent to the collection, use and disclosure of personal information as set out in the Privacy and your personal information section below.

Signature 1

X

DATE / /

Privacy and your personal information

We need to collect, use, and disclose the personal information you have provided in this form and in any attached documents to determine to whom to pay the death benefit. For this purpose we may also need to collect personal information from, and disclose it on a confidential basis to, our related entities, government departments and agencies, investigators, lawyers, advisers, and the agent of any of these. Not providing the personal information requested may affect our ability to do this. Where you provide personal information to us about another person, you acknowledge that you are authorised to provide that information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual). Further information on how we handle personal information is explained in our Information Handling Policy including how to contact us regarding Privacy and how to access personal information. If you have any questions, comments or concerns regarding privacy matters or any other matter please call us on 1800 265 744.



**If you have any questions about this form,
please call us on**

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