

Office use only
Claim Number



LIFE CLAIM FORM

INSTRUCTIONS FOR COMPLETION

- Please ensure that the form is fully completed and that ALL required documentation is attached. Failure to do so may result in delays.

Document Checklist

- | | |
|--|--------------------------|
| Death Certificate (original or certified copy) | <input type="checkbox"/> |
| Birth Certificate (original or certified copy) | <input type="checkbox"/> |
| Proof of annual salary | <input type="checkbox"/> |
| Trust Deed (if applicable) | <input type="checkbox"/> |
| Marriage certificate (if applicable) | <input type="checkbox"/> |

- Please be aware that on receipt of this claim Sterling Life Ltd may need to request additional information from a third party (or parties) in order to validate the claim.

The issue of this form is not an admission of liability

SECTION 1 Policy Details

Policy Number: _____	Date of Death: _____
Scheme Name: _____	Date of last day at work: _____
Date Joined Scheme: _____	Sum Assured £ _____

SECTION 2 Deceased's Details

Title (Mr/Mrs/Miss/Ms) _____	Address: _____
Forenames: _____	_____
Surname _____	Postcode _____

We hereby apply for the sum assured as set out above

Authorised Signature _____

Print Name _____

On Behalf of _____

Date: _____

Company Stamp

AUTHORITY TO BE COMPLETED BY NEXT OF KIN

Life Assurance Policy No: 66*CC.....

I,.....(please print full name) being Next of Kin to the late,.....
 consent to Sterling Life Limited seeking medical information in relation to
 the death of the deceased and authorise the deceased's doctor to release such information to Sterling Life
 Limited.

Signature_____ Date_____

NAME AND ADDRESS OF THE DECEASED'S DOCTOR

Name_____
Address_____
_____Postcode_____

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Policy Wording	<input type="checkbox"/>	Reinsurance Details	<input type="checkbox"/>
Declaration and Proposal	<input type="checkbox"/>	Confirmation of Premium Paid	<input type="checkbox"/>
Proof of Membership	<input type="checkbox"/>	Renewal Details/Listing	<input type="checkbox"/>

Please return this form to:

**Compass Underwriting Ltd
 40 Lime Street
 London
 EC3M 7AW**

**Telephone: 020 7398 0100
 Fax: 020 7398 0109**

**All claims assessed and managed by Sterling Life Ltd.
 Business Services Centre, Westbourne House, Coolings Lane, Folkestone CT20 3RZ
 Tel: 0870 2247583**

**Compass Underwriting and Sterling Life Ltd are authorised and regulated by
 the Financial Services Authority**