



Death Claims Form

Certua Life Limited (Company Registration Number: 16478879) is the insurer of this policy and is a private limited company whose registered address is at 12-18 Theobalds Road, London, England, WC1X 8PL. Certua Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference Number: 1043718). This policy is distributed by Certua Life Limited trading as Surely.

Death Claim Form

We understand that this is a difficult time for you and we are on hand to support you and make this process as frictionless as possible. If you need any help completing this form, please get in touch.

Need help? Call us on 0808 178 5679 (Monday–Friday, 9am–5pm) or email us at claims@surelylife.co.uk.

Returning this form

Once completed, please send this form and your documents to us by:

Email: claims@surelylife.co.uk

Post: Claims Department, Surely, 12-18 Theobalds Road, London WC1X 8PL

Online: You can also complete this online at www.surelylife.co.uk/claims

Your Privacy

We need to collect and use your personal information to process this claim. Here's what you should know:

- **What we collect:** Your contact details, relationship to the deceased, bank details for payment, and information about the deceased's health and circumstances.
- **Why we need it:** To verify the claim, confirm your identity, prevent fraud, and make payment to the right person.
- **Who we share it with:** Our reinsurers, medical professionals, fraud prevention agencies, and other insurers where relevant to the claim.
- **How long we keep it:** We retain claim records for 7 years after the claim is settled, as required for regulatory and legal purposes.
- **Your rights:** You can request access to your data, ask us to correct it, or request deletion (subject to legal requirements).

For full details, see our Privacy Policy at www.surelylife.co.uk/legal/privacy-policy

Section 1:

About the person who has passed away

Date of birth: (DD / MM / YYYY)

Full Name:

Policy Number:

Address:

Postcode:

Cause of Death:

Date of Death: (DD / MM / YYYY)

Place of Death (*see note 1 below*):

Section 2: Claimants

Claimant 1

Full Name:

Telephone number:

Email address:

Relationship to deceased? (*see note 2*)

Address:

Postcode:

Claimant 2:

Full Name:

Telephone number:

Email address:

Relationship to deceased? (*see note 2*)

Address:

Postcode:

Claimant 3:

Full Name:

Email address:

Relationship to deceased? (*see note 2*)

Address:

Postcode:

Section 3: Payment Details (see note 3)

Payee Name:

Bank/building society name:

Sort code: ____-____-____

Account number:

If you do not hold a UK Bank Account please mark a cross here and we will contact you ()

Section 4: Grant of Representation - Your Title to Claim (see note 4)

4.1 Did the deceased leave a valid Will?

☐ Yes — please enclose a copy and complete a) and b) below

☐ No — skip to 4.2

a) Executor's name: _____

b) Date of Will: _____

4.2 Do you have a Grant of Representation (Probate, Letters of Administration, or Confirmation)?

☐ Yes — please enclose a certified copy

☐ No — you can still send us this form, but we won't be able to pay the claim until we receive it

Section 5: GP Details

Please provide the full name, address and contact details of the deceased's most recent GP.

GP's name:

GP's address:

How long was the deceased with this GP?

Section 6: Declarations

By signing the declaration, you confirm your acceptance of the statements below.

If there is more than one person who is legally entitled to claim on the policy(s), then the declaration must be signed by each person.

[6.1] In signing this form, all persons entitled to make this claim make the following declarations :

- I/we make this application for the payment of the monies due under the policy numbered above.
- To the best of my/our knowledge and belief, the information provided in this form is correct, and I/we authorise payment to be made to the above payee.
- I/we agree that any payment made shall be in full and final settlement of my/our claim on the policies numbered above.
- I/we understand that making a false claim, or supplying false information, could result in the claim not being paid and leave me/us liable to legal action.
- I/We give permission to Surely to obtain any health records in respect to the deceased and for the party named in Section 5 to release or share all health records and related information reasonably requested by Surely for the purposes of administration and assessment of the claim.
- *I/We consent and permit Surely to obtain any health records and related information from other insurers concerning any other claim(s) under similar insurance cover held.*

- I/We consent to the other insurers providing the relevant information to Surely and to Surely sharing health records and related information relating to this claim with the other insurers and reinsurers.

First claimant full name :

Date:

Signature:

Second claimant full name: (if applicable)

Date:

Signature:

Third claimant full name : (if applicable)

Date:

Signature:

Section 7: Final checklist of documents you need to send to us

Please tick to confirm you have enclosed the following. If you don't have everything right now, send what you have — we'll let you know if we need anything else.

Document	Enclosed?
Death certificate (original or certified copy*)	☐
This claim form (fully completed)	☐
Copy of Will (if applicable)	☐
Grant of Probate/Confirmation/Letters of Administration (original or certified copy*)	☐
Nomination form (if applicable)	☐
Deed of assignment (if applicable)	☐
Death Abroad questionnaire (if death occurred outside UK)	☐

*Certified copies must be certified by a solicitor, notary public, or commissioner for oaths.

Section 8: Notes

Note 1: Death outside the UK

Where death occurred outside of the UK, we need to gather some further information from you in order to present the claim to the insurer. Please complete and send this form and we will send you an additional death abroad form to complete.

Note 2: Relationship to the deceased

Enter the capacity in which you are claiming. For example, are you:

- The deceased's Executor: i.e. the person appointed in the deceased's will to ensure that his / her wishes are carried out in relation to how his / her assets and property are to be dispersed.
- The deceased's Nominee: i.e. the person designated by the policyholder to receive the proceeds of an insurance policy in the event of his / her death. If this is the case, we will need to see a copy of the Nomination Form.
- The deceased's Assignee: i.e. a person or company to whom ownership of policy benefits has been transferred by deed of assignment. If this is the case, please provide a copy of the Deed of Assignment. If you are none of these, please state your relationship to the deceased, for example spouse, son / daughter, parent, sibling, etc.

Note 3: Payment Details

Payment of your claim will be made by direct credit to your bank account, so it is important that you complete this section properly. Please remember that once the payment reaches your account, it will take a minimum of 2 or 3 days to clear and allow you access to your money.

Note 4: Grant of Representation (title to claim)

A Grant of Representation is a document issued by the Court that enables the person(s) named in it to deal with the assets and belongings (the 'estate') of a deceased person. The term 'Confirmation' is used in Scotland, while 'Probate' or 'Letters of Administration' (where there is no valid will) are the equivalent English or Irish law terms. In all circumstances, we reserve the right to insist on sight of a Grant of Representation if we deem it necessary.