

## Deceased Policyholder – Return of Premium Claim

*Application for a Return Premium in the event of the death of a Policyholder*  
**Please complete in CAPITAL LETTERS**

### Section A - Policy Details

*Please complete in CAPITAL LETTERS*

#### Policyholder Details

Title. *Please tick or write* Mr Mrs Miss Ms other:   
*it in the 'Other' box*

**Full Name:**

**Address**

**Postcode**

**Policy Number/s**

**Policy in the name of**

**Date of Death**

### Section B - Details of person completing this form Executor/ Administrator

*(The Return of Premium Claim's executor, administrator or next of kin who completed section A).*

Title. *Please tick or write* Mr Mrs Miss Ms Other   
*it in the 'Other' box*

**Full Name**

**Address**

**Postcode**

**Relationship to Policyholder**

**Daytime telephone number**

**Is there a Will?** Yes/ No

**If 'Yes' continue with Section B. If 'No' please proceed to Section C.**

To whom should any return premiums due be paid to?

Are there any other Executors? Yes /No

If answered 'Yes' to the above and payment of any return premium is due to be made to an individual executor all executors must sign to confirm they are happy for the return premium to be paid to the above named individual:

Signature(s) \_\_\_\_\_

Print Name(s) \_\_\_\_\_

**Declaration**

I claim the return premium on behalf of the estate for policy number(s) on page 1 and declare that:

- I am the person named in section B
- All the details on this form are true and complete
- I am legally entitled to monies due on the policy
- I am over 18
- I understand that you will check my identity.
- I will sign a receipt for the returned premium if you ask me
- I will pay any share of the returned amount to anyone else entitled to it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section C - When there is not a Will**

Is there a Letter of Administration? *(Which names the person(s) to whom monies can be paid).* Yes/ No

If 'yes' list those who are named as being able to act on behalf of the estate *(please submit a copy of the Letter of Administration with this form)*

Signature(s) \_\_\_\_\_

Print Name(s) \_\_\_\_\_

If No:

What is your relationship to the policyholder?

**Declaration**

I claim the return premium on behalf of the estate of policy number(s) on page 1 and declare that:

- I am the person named in section B
- All the details on this form are true and complete
- I am legally entitled to the returned premium due on the policy.
- I am acting on behalf of the estate of the deceased. If this is proved to be untrue I will repay any the returned premiums received.
- I am over 18
- I understand that you will check my identity.
- I will sign a receipt for the returned premium if you ask me
- I will pay any share of the returned due to anyone else entitled to it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Documents to send with this form

- The Will
- Grant of Probate/Letter of Administration
- Motor Certificate (*if applicable*)
- Vehicle Registration document (*if applicable*)

### Definitions

**Policyholder** : The policy's owner. If they started the policy, they will be called the proposer on the policy document.

**Executor**: The person or persons appointed to perform the instructions of a will.

Documentation

**Grant of Probate**: Issued to the executors named in a will.

**Letters of Administration a Grant of Probate (with will)**: Issued when no executor is named in a will or when the executors are unable or unwilling to apply for the grant.

**Letter of Administration a Grant of Probate (when there is no will)**: The letter will name the person(s) to whom monies can be paid.

### Data protection notice

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- trace debtors or beneficiaries, recover debt, prevent fraud and to manage individual accounts and insurance policies;
- check the identity of customers to prevent money laundering, unless we are provided with satisfactory proof of identity;
- in the event of any incident or claim, or at the time of renewal to validate claims history or that of any other person or property likely to be involved in the policy or claim.

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