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## **Deceased Policyholder – Return of Premium Claim**

# Section A - Policy Details - Deceased Policyholder Details

Mr/Mrs/Miss/Ms/MX	Forename:	Other initials:
Surname		Date of Death: DD / MM / YYYY
Address:		
Policy Number:		Postcode:
Section B - Detai	ils of person co	mpleting this form Executor/ Administrator /Trustee
(The Return of Premi	um Claim's execut	or, administrator or next of kin who completed section A).
Mr/Mrs/Miss/Ms/MX	Forename:	Other initials:
Surname		
Address:		
		Postcode:
Relationship to Policy	yholder:	
Email Address:		Telephone Number:
Is there a Will? Yes	No No	If 'Yes' continue with Section B. If 'No' please proceed to Section C.
Who should any retu	ırn premiums due	be paid to?
Are there any other E	Executors? Yes	No No
If answered 'Yes' to the	above and payment	of any return premium is due to be made to an individual Executor all

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 (see additional signature page):

BACS Payment:	
Account Name:	Account Number:
Sort Code:	
Declaration:	
<ul> <li>I claim the return premium on behalf of the Estate for policities.</li> <li>I am the person named in section B</li> <li>All the details on this form are true and complete</li> <li>I am legally entitled to monies due on the policy</li> <li>I am over 18</li> <li>I understand that you will check my identity.</li> <li>I will sign a receipt for the returned premium if you as</li> <li>I will pay any share of the returned amount to anyone</li> </ul>	k me
Signature(s):	
Print Name(s):	
Date: DD / MM / YYYY	
Section C - Where there is not a Will	
Are there any other Executors? (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)

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(s):

Date: DD / MM / YYYY

#### Documents to send with this form:

- Will if available
- Death Certificate
- Grant of Probate/Letter of Administration
- Motor Certificate & Windscreen disc (if applicable)

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

**The Will:** there could be two wills – one for movable estate and one for immovable estate. We require the part of the will naming the executors only.

The Executor(s): The person(s) appointed to perform the instructions of a will.

**The Administrator(s):** The person(s) to whom monies can be paid to and is appointed to deal with deceased policyholder affairs if there is no will.

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

**No Grant of Probate:** will be issued if the movable estate (personal items) including cash, shares  $\vartheta$  share transfers, jewellery, arts  $\vartheta$  antique, cars  $\vartheta$  boats is in joint names.

**No Grant of Probate:** will be issued on immovable estate (real estate) including freehold land and property, leases over 9 years, immovable estate in a different jurisdiction. Immovable estate will go through court like a new property.

**Letters of Administration (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 (when there is no will):** The letter will name the person(s) to whom monies can be paid and is appointed to deal with deceased policyholder affairs.

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We collect information from you when you contact us, take one of our motor, commercial or personal insurance policies. We only collect information needed to provide the service you want. This data would generally consist of:

• Name, email address, identification documents, bank details, financial status, criminal convictions, health information, assets ownership, claims history, employment status.

The information you have provided on this form we will process on your instruction and comply with the relevant data protection law. For us to process and retain this information, we need to have legal basis. The legal basis we rely on is "Other Legal Obligation" pursuant to the Data Protection (Jersey) Law 2018 and Schedule 2, Part 2 (8) pursuant to the Data Protection (Bailiwick of Guernsey) Law 2017.

You can object to the processing at any time by contacting our Data Protection Officer (DPO) at dataprotection@islands.je.

All data is retained securely and only used for the purposes set out in the Law. Data is retained to comply with our statutory obligations and in accordance with our retention schedule. If you would like a copy of our retention schedule, please contact our DPO.

We store your information on our computer systems that have the highest protection available.

You have several rights as an individual under the Data Protection (Jersey) Law 2018 and the Data Protection (Bailiwick of Guernsey) Law 2017 (DPGL). These rights include:

- Right to be informed,
- Right to access,
- Right to object,
- Right to restrict how we process your information,
- Right to have any inaccurate or incomplete data corrected,
- Right to be forgotten
- Right to portability and
- Right to object to automated processing

You can contact us at any time and request the information we hold about you. We will provide this in the first instance free of charge and within 4 weeks of verifying your identification. If you are not known to us, we will request a photographic ID and proof of address. We have developed a request form to make this as simple as possible for you. Please select the "data Privacy Request" from the cookie banner found on our website on https://www.islands.insure

If you have any questions about our Privacy Notice or how we use your information, contact our Data Protection Officer – Propelfwd on 01534 735330 or dataprotection@islands.je

If you are not happy with the way we have processed your data and want to make a complaint, please get in touch with us by emailing our DPO or the Jersey Office of the Information Commissioner, the supervisory Authority in Jersey for data protection issues or the Office of the Data Protection Authority (ODPA) in Guernsey.

If you want our detailed Privacy Notice, please ask us for a copy, and we will send it to you or visit our website and view it there.

# Other Executors named in the will: Signature(s): Print Name(s): Date: DD / MM / YYYY Signature(s): Print Name(s): Date: DD / MM / YYYY Signature(s): Print Name(s): Date: | DD | / MM / YYYY Signature(s): Print Name(s): Date: DD / MM / YYYY Signature(s): Print Name(s): Date: | DD | / MM | / YYYY Signature(s): Print Name(s): Date: DD / MM / YYYY Signature(s): Print Name(s): Date: | DD / MM /