



# Claim for Life Insurance Benefit



Attach certified copies of the deceased member's:

- birth certificate and
- death certificate

Plan name

Policy number

Member number

Return completed documents to AIA Australia Wholesale Life Claims, PO Box 322, SILVERWATER NSW 2128

## Section A – About the deceased

Full name

Date of birth

Date of death

## Section B – Employment details

Date joined employer

Date joined plan

Date last at work

Date employment terminated

Cover at date of death

Category of membership

Company name

Company phone number

Company address

State

Postcode

## Section C – Declaration

I confirm that the deceased member was a member of the plan at the time of his or her death. I confirm that the answers I have given in this form are true.

Full name

Position

Signature

Date