



Death claim form (life)

Please use black ink and write in CAPITAL LETTERS or tick as appropriate. Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

This information must be provided before payment can be made.

If more than one payee, the address, including postcode, of each payee is required.

If "Other", please state title.

About this form

If you have any questions about this form, you can call us on **0845 640 1000** (Local rate number, open 8am-6pm Monday to Friday). Calls may be monitored or recorded for quality and security purposes. Please return the form to **Prudential, Stirling, FK9 4UE**.

Part 1

Policy No(s)	<input type="text"/>
On the life/lives of	<input type="text"/>
I/We	<input type="text"/> <input type="text"/>

the owner(s) or successor(s) in title of the above-mentioned Policy(ies) hereby authorise and request The Prudential Assurance Company Limited (hereinafter called "the Company") to pay the net sum specified in the schedule below by crossed cheque

Payee Details

Full Name of Payee(s) (please provide name of company if applicable)

Full address of payee(s) including postcode

and sent to

Title Mr Mrs Miss Ms Dr Other

Surname

Forenames

Address

Postcode

and such payment shall be in full discharge of the liability of the Company under the above-mentioned Policy(ies).

Schedule

Death benefit

Less

Net sum payable

The owner(s) or successor(s) in title must sign here.

Signature of owner 1

Date signed

Please print name

If a policy is subject to trust all trustees must sign.

Signature of owner 2

Date signed

Please print name

Signature of owner 3

Date signed

Please print name



www.pru.co.uk

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