

ClearView Savings Bond Death Notification

A: Details of the Policy Owner and Life Insured

Policy number

Name of Policy Owner(s)

Name of Deceased/Life Insured

Date of death

B: Our requirements

The following documentation about the Life Insured is required. If any of this information is not made available, payment of the benefit may be delayed.

- Completed Death Notification Form
- Certified copy of the Death Certificate

If at least one Policy Owner is still alive, the benefit will be paid to that person (or, if more than one Policy Owner is still alive, to those people).

However, if no Policy Owner is still alive, ClearView Life will generally pay the benefit to the estate of the last surviving Policy Owner. In these circumstances, ClearView Life will also require the following documents about the last surviving Policy Owner:

- Certified Copy of the last Will
- Certified copy of a grant of probate or letters of administration

If no copy of a grant of probate or letters of administration can be provided, please indicate below whether someone has applied, or will be applying, for a grant of probate or letters of administration in respect of the last surviving Policy Owner and, if so, who.

- Letters of administration/grant of probate will not be applied for.
- Letters of administration/grant of probate has been, or will be, applied for (insert details of applicant below).

Name of applicant

Address of applicant

C: Person who completed this form

Given Name(s)

Surname

Address

Relationship to the deceased

Phone number

By signing this form you acknowledge that, to the best of your knowledge, the information provided on this form is true and complete.

I have read and consent to the collection, use and disclosure of my personal information as set out in the Privacy and your personal information section on the reverse.

Signature 1

X

DATE / /

Privacy and your personal information

We need to collect, use and disclose the personal information you have provided in this form and in any attached documents to determine to whom to pay the death benefit.

For this purpose we may also need to collect personal information from, and disclose it on a confidential basis to our related entities, government departments and agencies, investigators, lawyers, advisers, and the agent of any of these. Not providing the personal information requested may affect our ability to do this.

Where you provide personal information to us about another person, you acknowledge that you are

authorised to provide that information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information unless doing so would pose a serious threat to the life or health of any individual.

Further information on how we handle personal information is explained in our Privacy Policy including how to contact us regarding Privacy and how to access your personal information that we may hold.

If you have any questions, comments or concerns regarding privacy matters or any other matter please call us on 1800 265 744.



This form can be posted (no stamp required) to:

ClearView
Client Operations
Reply Paid 4232 — GPO Box
Sydney NSW 2001



**If you have any questions about this form,
please call us on**

132 977