

ARF/AMRF Death Claim Form of Discharge



Policy Number(s)	<input type="text"/>
Name of Life Assured	<input type="text"/>
Date of Death	<input type="text"/>
Claim Value	<input type="text"/>
Payee	<input type="text"/>

I, , Executrix of the late ,
request that the death claim values payable under Approved Minimum Retirement Fund Number
and/or Approved Retirement Fund No. in the name of ,
be transferred to a replacement Approved Retirement Fund contract in my name,
Upon payment of the said claim values, Aviva Life & Pensions Ireland DAC will be discharged of all liability under
Policy num

Signature	<input type="text"/>	(Executrix)
Date	<input type="text"/>	
Signature of Witness	<input type="text"/>	
Address of Witness	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	