## ARF/AMRF Death Claim Form of Discharge



Policy Number(s)	
Name of Life Assured	
Date of Death	
Claim Value	
Payee	
Ι,	, Executrix of the late ,
request that the death claim values payable under Approved Minimum Retirement Fund Number	
and/or Approved Retirement	nt 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	(Executrix)
Signature	
Date	
Cimpetium of Mittages	
Signature of Witness	
Address of Witness	

Aviva Life & Pensions Ireland Designated Activity Company, a private company limited by shares.

Registered in Ireland No. 165970. Registered office at One Park Place, Hatch Street, Dublin 2, D02 E651.

Aviva Life & Pensions Ireland Designated Activity Company, trading as Aviva Life & Pensions Ireland and Friends First, is regulated by the Central Bank of Ireland.

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