Our Ref: **{** MERGEFIELD MATTER_FEE_EARNER_ID **}**/**{** MERGEFIELD client_no **}**/**{** MERGEFIELD matter_no **}**

{ QUOTE **{** DATE \@"d"*Ordinal **} } {** QUOTE **{** DATE \@"MMMM yyyy" **} }**

{ MERGEFIELD FW_PRO_LIFE_INS_FWLIFE_INS_1_name **}**
{ MERGEFIELD FW_PRO_LIFE_INS_FWLIFE_INS_1_address **}**

Dear Sirs

Deceased:	**{ MERGEFIELD FW_PRODCDDETS_1_DECEASED_FULLNM }**
Policy Number[s]:	**{ MERGEFIELD "FW_PRO_LIFE_INS_FWL_INS_1_POL_1" }{ MERGEFIELD "FW_PRO_LIFE_INS_FWL_INS_1_POL_2" \b", " }**
Address:	**{ MERGEFIELD FW_PRODCDDETS_1_FWDCD_PRV_ADD1 \f", "}{ MERGEFIELD FW_PRODCDDETS_1_FWDCD_PRV_ADD2 \f", "}{ MERGEFIELD FW_PRODCDDETS_1_FWDCD_PRV_ADD3 \f" "}{ MERGEFIELD FW_PRODCDDETS_1_FWDCD_PRV_ADDPC }**
Date of Death:	**{ MERGEFIELD FW_PRODCDDETS_1_FWDCD_DT_DTH \@"d"*Ordinal } { MERGEFIELD FW_PRODCDDETS_1_FWDCD_DT_DTH \@"MMMM yyyy" }**

We are instructed by the personal representatives of the above named deceased to apply for a grant of representation and deal with the administration of the estate. We enclose a certified copy death certificate for noting in your records.

Please let us have the value of the above **{** IF **{** MERGEFIELD FW_PRO_LIFE_INS_FWL_INS_1_POL_2 **}**<> "" "policies" "policy" **}** as at the date of death and let us know whether the deceased held any additional policies with you. With respect to each of the deceased's policies, please advise whether the policy automatically forms part of the deceased's estate, is payable at the discretion of trustees or is payable to someone other than the deceased's personal representatives.

Please also let us have details of your requirements for encashing the policies in due course and any relevant forms.

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }