

{INCLUDETEXT

"C:\\Users\\CarlyW\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisorApp\_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\3b26a094-a2dc-416c-bd1a-246bccdd51ad\\header.doc"

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\_2\_name }  
{ MERGEFIELD FW\_PRO\_LIFE\_INS\_FWLIFE\_INS\_2\_address }

Dear Sirs

**Deceased:** { MERGEFIELD  
FW\_PRODCDETS 1 DECEASED FULLNM }  
**Policy Number[s]:** { MERGEFIELD  
"FW PRO LIFE INS FWL INS 2 POL 1" }  
MERGEFIELD "FW PRO LIFE INS FWL INS 2 POL 2"  
"b", " }  
**Address:** { MERGEFIELD  
FW\_PRODCDETS 1 FWDCD PRV ADD1 "f", " }  
MERGEFIELD  
FW\_PRODCDETS 1 FWDCD PRV ADD2 "f", " }  
MERGEFIELD  
FW\_PRODCDETS 1 FWDCD PRV ADD3 "f" " }  
MERGEFIELD  
FW\_PRODCDETS 1 FWDCD PRV ADDPC }  
**Date of Death:** { MERGEFIELD FW\_PRODCDETS 1 FWDCD DT DTH  
"@"d"\*Ordinal } { MERGEFIELD  
FW\_PRODCDETS 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\_2\_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

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{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME\\*UPPER }