

CORE BENEFIT

Notice of Death for Funeral Claims

Claims and Enquiries: 0861 273 883

UniQ Benefit Solutions (Pty) Ltd is an Authorised Financial Services Provider, FSP no. 52006

African Unity Life Limited, a Licensed Life Insurance Company and an Authorised Financial Services Provider, FSP no. 8447

E. DETAILS OF THE DECEASED continued

Place of death (city/town)

If unnatural, please state the exact cause of death

Name and address of doctor / hospital who / which certified the death certificate

Address

Code Contact Number

Did the deceased commit suicide or was his / her death the result of his / her transgressing any law as a result of someone else's alleged violence? Yes No

If yes, please state the circumstances of death.

Funeral Date / / Claim Amount R

F. DETAILS OF CLAIMANT

In what capacity are you lodging the claim? Nominated Beneficiary Other (attach authorisation)

Surname

First name/s

ID/Passport no.

Relationship to Deceased

Cell Telephone (h)

Telephone (w) Email

Postal address
 Code

Are you aware of any other beneficiaries / claimants under this plan? Yes No

If yes, please state

G. BANK DETAILS OF CLAIMANT

We will pay the proceeds directly into your bank account. Please provide details below:

Name of bank

Branch name

Branch number

Type of account

Account number

Accountholder name

Please note that all claims are processed and paid by the Underwriter to UniQ Benefit Solutions. UniQ Benefit Solutions will therefore process the claimable amount to the respective nominated beneficiary's bank account (3rd party payment) as stipulated on the approved claim documents.

"I _____ hereby give permission and specifically nominate UniQ Benefit Solutions (Pty) Ltd to receive this benefit from the Underwriter. UniQ Benefit Solutions will in turn pay the benefit to nominated beneficiaries as indicated in this claim form."

H. DECLARATION BY CLAIMANT

I, the undersigned warrant that I am legally entitled to receive the proceeds in terms of the said plan and that the estate is solvent and has not been ceded, sequestrated or estranged in any way. I declare that all the information supplied is accurate and complete.

Signed at Date / /

Signature of Claimant