

Kindly answer all questions in full and complete in black ink. Note that 'N/A' is not a valid reply. If you have problems completing the form, please call Nedgroup Life Assurance Company Limited (Nedgroup Life) on 0860 333 111.

Send the completed form to us by email at <u>funeralclaims@nedbankinsurance.co.za</u> or by fax to 0860 204 065.

Checklist:

- A separate claim form must be completed for each policy number.
- Original certified copy of the claimant's identity document.
- Original certified copy of the deceased's identity document.
- Original certified copy of the death certificate.
- Proof of banking details of the claimant.

- Copy of the BI 1663: Notification of Death (obtainable from the doctor who certified the death or the undertaker).
- Funeral parlour invoice, including: telephone number, physical address, stamp and/or burial order.
- In the event of an unnatural death, the police must complete a declaration.

Nedgroup Life reserves the right to request any additional information and documentation it deems necessary to verify the claim. Incomplete details and unclear documentation may cause delays and may need to be requested again.

| SECTION 1 - DE | CLARA | | I FC | R F | UNE | RA | L CL | .AIM | IS | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|-----------|---|------|-----|-----|----|------|--------|----|-----|-------|--------|----------|-------|--------|--------|------|-----|------|-------|---|------|-----|----------|-----|-----------|----------|---------|----------|------|
| Policy/Account numb | er | | | | | | | | | | | | | | | | ID | Num | nber | | | | | | | | | | | |
| Main member's first i | name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main member's surn | ame | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main member's work address | Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WOIK addless | Suburb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Town | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | С | ode | | | | | | | |
| Tel (w) | | | | | | | | Tel (ł | 1) | | | | | | | | | | | | | | | | | | | | | |
| First name(s) of dece | ased | | | | | | | | | | | | | | | | | | | | | | | | | | | | | - |
| Surname of decease | d | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to claim | ant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last known address | Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | - |
| of deceased | Suburb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| | Town | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | С | ode | | | | | | | |
| Occupation of decea | sed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identity number of de | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical aid name | | | | | | | | | | | | | T | | | | | | | | | | | | | | | | | |
| Medical aid number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of death | | | | | | | 1 | | | Cau | se of | deat | h | Na | atural | | [| | Unna | tural | | 1 | | | | | | | | |
| Exact cause of death | | | - | | | | | | | | | | <u> </u> | | | | | | | | | | | | | | | | | |
| Place of death | | | | | | | | | | | | | | | | | | | | | | | | | | Dur | ation | of illn | iess | |
| Hospital name | | | | | | | | | | | | | | | | | | | | | | | | | wee | eks∣r | montł | ıs y | ears | |
| | Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | 1 | | <u> </u> | |
| Hospital address | Line 2 | | | | | | | | | | | | | | 1 | | | | | | | | | | | \vdash | - | | | |
| address | Suburb | | | | | | | | | | | \top | | | | | | | | | | | | | | \vdash | 1 | | | |
| | Town | | | | | | | | | | | T | | | | | | | | | | | | | | \square | T | | | |
| Contac | t number | | | | | | | | | | | 1 | - | | | | | | | | | C | ode | | | T | <u> </u> | | | |
| Admission/Patier | it number | | | | | | | | | | | Ī | Wa | ard a | nd be | ed nur | mber | | | | | | | <u> </u> | | | 1 | | | |
| | | L | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | L | 1 | | 1 | | | | | - | - | | | |

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| Name of tribal chie | ef (if applicab | le) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|-----------------|--------|--------|-------|--------|--------|----------|---------|--------|------|---|----------|----|---|------|-------|-------|-------|---|------|---|-------|-----|-----|------|---|------|---|
| Address | Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of tribal | Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| chief | Suburb | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Town | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of funeral | d d m | m | у | у | у | у |] | | | | | | | | | | | | | | С | ode | | | | | | |
| Name of funeral pa | arlour | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of funeral | Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| parlour | Suburb | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Town | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel no of funeral p | arlour | | | | | | | | | | | | | | | | | | | | С | ode | | | | | | |
| Place/Cemetery w | here buried | | | | | | | | | | | | | | | | | | | | (| Grave | num | ber | | | | |
| Police station whe | re death was | repo | rted | | | | | | | | | | | | | | | | | | | | | | |] | | |
| Name, address an | d telephone | numt | per of | fusua | al fai | mily c | locto | r/clini | c atte | ende | 1 | | | | | | | | | | | | | | | | | |
| Physical | Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| address of doctor/ | Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| clinic | Suburb | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Town | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | |
| | act number | | | | | | | | | | | | | _ | _ | | | | | | С | ode | | | | | | |
| Was the deceased | l a scholar/st | uden | t/emp | oloye | d? | | Scho | olar | | | : | Stude | nt | | E | mplo | yed | _ | | | | | | | | | | |
| Name and address | s of school/co | ollege | e/emp | oloye | r | | | | | | | | | | | | | | | | | | | | | | | |
| Physical address | Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of | Line 2 | | | | | | | | | | | | | | _ | | | | | | | | | | | | | |
| school/ college/ | Suburb | | | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| employer | Town | | | | | | | | | | | <u> </u> | | | | | | | | | | | | | | | | |
| Tel no of school/co | | | | | | | | | | | | | | | | | | | | | С | ode | | | | | | |
| Principal's name/M | anager's nar | ne | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 2 - I | DETAILS C | OF C | LAI | MAN | Т | | | | | | | | - | | | | | _ | _ | | _ | | | | | | | |
| First name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | ID | num | nber | | | | | | | | | | |
| | Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical address | Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| address | Suburb | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Town | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | |
| | Cell | | | | | | | | | | |] | | | | | | | | | C | ode | | | | | | |
| Email address | | | | | | 1 | 1 | | | 1 | | 1 | | | | | | | | | | | | | | | | |
| Employer | | | | | | | <u> </u> | | | | | | | | | | | | | | | | | | | | | |
| Tel (w) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income tour sets | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income tax referer | nce number | | | | | | | | | | | | | | Inco | ome t | ax of | ffice | | | | | | | | | | |

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| I, in my capacity as the claimant, declare and warrant that all statements and answers that may now or at any time be given in connection with this | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------|-------|-------|--------|------|--------|--------|-------|--------|-------|------|------|------|-------|-------|--------|------|---------------|------|-----|-------|------|-------|-------|------|------|------|------|-----|----------|------|-------|-------|------|
| claim, w the asso Accepti | claim, whether in my handwriting or not, are true and complete. I further understand that any misstatement or non-disclosure that materially affects the assessment of this claim will entitle Nedgroup Life to declare this claim null and void. Accepting that I am thereby curtailing the deceased's right to privacy, but to facilitate the assessment of the risks, and the consideration of any claim for benefits, under a policy related to this or any other proposal for insurance made by the deceased, or in respect of the deceased as the insured | | | | | | | | | | | | | | | S | | | | | | | | | | | | | | | | | | | |
| | life, I irrevocably authorise Nedgroup Life: a) to obtain from any person, whom I hereby so authorise and request to give, any information that Nedgroup Life deems necessary; and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) | b) to share with other insurers that information and any information contained in this proposal or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time and in such detailed, abbreviated or coded form as | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | may from time to time be decided by Nedgroup Life or by the operators of such database. | | | | | | | | | | | | | | | \$ | | | | | | | | | | | | | | | | | | | |
| Surname | Sumame Image: Second seco | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name | e(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cinned | | | | | |] | | | | | | | | | | h u e | | | | | | | | | | 0 | n 🗌 | d | d | m | m | у | у | у | у |
| Signed | | | | | | a | | | | | | | | | | bra | inch | | | | | | | | | a | t | h | h | m | m | | | | |
| SECTIO | N 3 – FC | R NIFP | OF | R EA | SYC | ov | 'ER F | POLI | CIE | S T | AKE | E 0\ | /ER | 0 | PTI | ON | | | | | | | | | | | | | | | | | | | |
| A | As the main member is deceased, would you like to take over this policy? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New mem | ber's name | e(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New mem | ber's surna | ime | | | | | | | | | | | | | | | | | | | |] | | | | | | | | | | | | | |
| New mem | ber's ID nu | mber | | | | | | | | | | | | | | | | | | | Pr | efere | d me | thod | of co | omm | unic | atio | n: | | Ema | dl | | Po | st |
| | | Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical | | Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| address | | Suburb | | | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | L | | |
| | | Town | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Cell | | | | | | | | | | | | | | | | | | | | | | | | Code | | | | | | | | | |
| Email add | ress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred I | method of | payment | | Ca | sh | | | Deb | it or | der | | | | | | | Т | ype | of ac | cou | Int | C | urre | nt | | | | Sav | ings | | | | Tra | nsmis | sion |
| Bank | | | | | | | | | | | | | | | | Brai | nch [| | | | | | | | | | | | | | | | | | |
| Branch co | de | | | | | | A | \ccou | nt nı | umbe | r 🗌 | | | | | | | | | | | | | | | | | |] | | Payr | ment | day | | |
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| | | | | Sia | nature | of | 2000 | inthol | dor | | | | | | - | | | l | Date | C | d | m | m | у | у | у | | у | | | | | | | |
| SECTIO | | | e T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 51/ | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | <u> </u> | | 1 | 1 | |
| l, [first nan | | | + | | | | | | | | | | | | | | | | <u>ו</u> ר | | | | | | | | | | | L | | | | | |
| (surname) declare | that the | above ir | nfor | mati | on is | at | rue r | efleo | tior | n of t | he i | info | rmat | ior | ו fu | rnis | hed | bv f | _ the c | clai | man | an | d th | at tł | ne c | aim | for | m l | has | bee | en co | omp | letec | l in | |
| full and | that all the that all the | ne requi | rem | nents | spe | cifi | ed in | the | che | cklis | st ac | | | | | | | | | | | | | | | | | | | | | | | | |
| [first name | e(s)] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (surname) | | | | | | | T | Τ | | | | | | | | | | |] | | | | | • | | | • | | | | | | | | |
| has ider | ntified hir | n/herse | lf by | , me | ans o | of a | a vali | d ID | doc | ume | ent | | IC |) no | o (co | opy a | attach | ed) | | | | | | | | | | | | | | | | | |
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| Signed | | | | | | a | at | | | | | | | | | bra | nch | | | | | | | | | a | Г | h | h | m | m |] | | | |
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SECTION 5 - PAYMENT DETAILS

Please ensure that all the above details are correct. Should an erroneous overpayment of benefits, loans and/or investment returns occur under this policy, for whatever reason, such overpaid amounts will become payable to Nedgroup Life on demand. Nedgroup Life accepts no responsibility if incorrect banking details are provided. For security reasons we only make payment directly into the claimant's bank account. We require a cancelled cheque, bank statement or payslip confirming the beneficiary's full names, account number and branch code.

NO THIRD-PARTY PAYMENT WILL BE ALLOWED

Please complete the following:

| Type of acco | ount | Current | Savir | ngs | | Transm | ission | | | | | | | | | | | | | |
|--------------|---------------|---------|--------------|------------|------|----------|--------|--|------|-------|---|---|---|---|------|-------|------|--|--|--|
| Bank | | | | | Bra | anch | | | | | | | | | Brar | nch c | code | | | |
| Accounthold | ler's first n | ame(s) | | | | | | | | | | | | | | | | | | |
| Accounthold | ler's surna | me | | | | | | | | ID no | | | | | | | | | | |
| Account nur | nber | | | | | | | | | - | | | | | | | | | | |
| Tel number | | | | | Cell | ll numbe | r | | | | | | | | | | | | | |
| | | | | | | | | | Date | d d | m | m | у | у | у | у | | | | |
| | | Sign | ature of acc | ountholder | | | | | | | | | | | | | | | | |