

SECTION A - DETAILS OF THE PERSON SUBMITTING THIS CLAIM

Title Surname

First name(s)

Tel (w) Cell Tel (h)

Postal address
 Line 1
 Suburb
 Town

Code

Capacity in which you are submitting the claim: Beneficiary Executor Other

Email address

Relationship of claimant to the deceased

SECTION B - DECEASED'S DETAILS

Title Surname

First name(s)

ID number Last occupation

Last residential address
 Line 1
 Suburb
 Town

Code

Number of each policy with Nedgroup Life under which you are claiming

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name of company	Policy/Account number	Amount	Date issued
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date and time of death -

Place of death

Postal address of hospital (if applicable):
 Line 1
 Suburb
 Town

Cause of death Natural Unnatural

Please describe the actual cause of death

When did the health of the deceased first begin to be affected?

When did the deceased first consult a doctor for his/her illness?

Name and address of every doctor who attended the deceased during his/her last illness and during the five years preceding his/her death

Name and address	Disease or condition	Date of attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of funeral

Name of funeral parlour

Tel no of funeral parlour

Name of deceased's employer at date of death

Name of deceased's medical aid at date of death

Medical aid membership number

Have you any knowledge of any cession or other lien on the contract? If so, please give details.

Have you or the deceased ever been insolvent or made any assignment for the benefit of creditors or are any such proceedings pending or contemplated? If so, please give full details.

Was the estate of the deceased insolvent at the time of death? Yes No

SECTION C - (declaration to be completed in all cases)

I, _____, hereby notify the underwriter of the death of the insured life under contracts numbered overleaf and declare that the foregoing answers and statement are full and true to the best of my knowledge and belief and that I have withheld no material fact from the underwriter or its assigns.

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 life, I irrevocably authorise the Administrator:

- a) to obtain from any person, whom I hereby so authorise and request to give, any information which the Administrator deems necessary; and
- 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 the Administrator or the operators of such database.

Signed _____ at _____ on
 (signature) (place) (date)

SECTION D - RELEASE AND DISCHARGE – FOR POLICIES NOT CEDED

I/We the undersigned declare and warrant to the best of my/our knowledge and belief that the estate of the late

_____ ('the deceased'), who died on was not insolvent.

I/We acknowledge and agree that upon payment by Nedgroup Life to me/us of the sum assured R

Nedgroup Life is and will be released and discharged from all or any other obligations arising from policy number issued by Nedgroup Life on the life of the deceased.

I/We the undersigned hereby instruct Nedgroup Life to pay the proceeds of the policy into my/our bank account(s) as follows:

Beneficiary 1

Surname ID no

First name(s)

Income tax office Income tax number

Tel (w) Cell Tel (h)

Bank Branch code

Type of account Current Savings Transmission

Account number

Signed _____ at _____ on
 (signature) (place) (date)

Beneficiary 2

Surname ID no

First name(s)

Income tax office Income tax number

Tel (w) Cell Tel (h)

Bank Branch code

Account number

Type of account Current Savings Transmission

Signed _____ at on

(signature) (place) (date)

Beneficiary 3

Surname ID no

First name(s)

Income tax office Income tax number

Tel (w) Cell Tel (h)

Bank Branch code

Account number

Type of account Current Savings Transmission

Signed _____ at on

(signature) (place) (date)

Beneficiary 4

Surname ID no

First name(s)

Income tax office Income tax number

Tel (w) Cell Tel (h)

Bank Branch code

Account number

Type of account Current Savings Transmission

Signed _____ at on

(signature) (place) (date)