

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 on 0860 263 543.

Check list:

- A separate claim form must be completed for each policy number.
- Certified copy (by a commissioner of oaths) of the claimant's identity document
- Certified copy (by a commissioner of oaths) of the deceased's identity document
- Certified copy (by a commissioner of oaths) of the death certificate
- 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 and stamp
- Proof of banking details of the claimant
- In the event of an unnatural death, a declaration by police must be completed

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 – DECLARATION FOR CLAIMS

Policy number
 Name of deceased Identity number of deceased
 Last-known address of deceased

Occupation of deceased
 Was the deceased a scholar/student/employed?
 Name and address of school/college/employer

Tel no of school/college/employer ()
 Principal's name/Manager's name
 Medical aid name and membership no
 Date of death
 Exact cause of death
 Place of death Duration of last illness

Hospital name and address
 Hospital telephone number ()
 Admission/Patient number Ward and bed number

Name of tribal chief (if applicable)
 Address of tribal chief

Date of funeral
 Name of funeral parlour Tel no of funeral parlour ()
 Address of funeral parlour

Place/Cemetery where buried Grave number
 Police station where death was reported
 Name, address and telephone number of usual family doctor/clinic attended

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

Directors: D Macready (Chairman) RL Blumeris (Managing Director) PJ McGregor GNH Baines J P Rowse GRC Munnoch
 Company Secretary: Nedgroup Secretariat Services (Proprietary) Limited 22.02.2013

Underwritten by Nedgroup Life Assurance Company Limited.
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 Tel 0860 263 543 Fax 0860 065 437 Web www.nedgroup.life.co.za

Nedgroup Life is a member of the Nedbank group.
 We are an authorised financial services provider (licence no 40915). We are a registered credit provider in terms of the National Credit Act (NCR Reg No NCRCP61).
 Reg No 1993/001022/06

SECTION 2 – DETAILS OF CLAIMANT

Full names
Relationship to deceased
Identification number
Address
.....
Cell number Email address
Employer
Work tel no ()
Income Tax reference number: Income Tax office:

I in my capacity as the claimant, declare and warrant that all statements and answers which may now or at any time be given in connection with this 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 of 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 life assured, I irrevocably authorise Nedgroup Life
a) to obtain from any person, whom I hereby so authorise and request to give, any information which Nedgroup Life 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 data base 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 data base.

Signature Dated

SECTION 3 – PAYMENT DETAILS

Please ensure that all the details are correct. Should an erroneous overpayment of benefits occur under this policy, for whatever reason, such overpaid amounts will become payable to Nedgroup Life Assurance Company Limited on demand. Nedgroup Life accepts no responsibility if incorrect banking details are provided. For security reason 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.

Grocery benefit

Please complete the following:

Type of account Savings Transmission Current
Name of bank Branch Branch code
Surname of accountholder First name(s)
Identity number Account number
Tel number () Cell number

Funeral benefit

Please complete the following:

Type of account Savings Transmission Current
Name of bank Branch Branch code
Surname of accountholder First name(s)
Identity number Account number
Tel number () Cell number