

DEATH CLAIM NOTIFICATION FORM

A. INSTRUCTIONS TO COMPLETE THE DEATH CLAIM NOTIFICATION FORM

See last section of Death Claim Notification Form for detailed instructions and requirements.

B. PARTICULARS OF GROUP SCHEME

Group Scheme Name

Policy Number Payment Method Cash Peral Debit Order

C. PARTICULARS OF ADMINISTRATOR / GROUP / BRANCH / BROKER

Name

Contact Person

Telephone No Fax No

D. DETAILS OF FUNERAL PARLOUR

Name

Contact Person

Telephone No Fax No

E. DETAILS OF MAIN MEMBER

Surname and Name Inception Date

ID Number Telephone No

F. DETAILS OF DECEASED

Title Surname

First Names

Marital Status Divorced Single Married Custom Widow

Date of Birth Inception Date

Date of Death

ID Number Place of Death

Deceased Main Member Spouse Child Parent Extended

Main cause of death

If unnatural, please state the exact cause of death

Name & address of hospital/Doctor who certified the death

Address

Tel No Contact Person

Claim Amount R Premium Amount R

Did the deceased commit suicide, or was his/her death the result of his/her transgressing the law?

Yes No If "yes", please provide details

G. DETAILS OF CLAIMANT

Relationship to the deceased Nominated Beneficiary Other

Initials and Surname

ID Number Telephone No (w)

Cell Phone No Telephone No (h)

Postal Address

Code

H. DECLARATION BY ORIGINAL BENEFICIARY

I, _____, ID _____ the original beneficiary of the above deceased, hereby authorise the appointed beneficiary to handle the claim on my behalf, and to collect the benefits from Prosperity life on my behalf, and instruct the funeral parlour to use the proceeds of the claim to pay for the funeral services rendered. Any monies remaining after the payment of the funeral expenses should be paid to me by the funeral parlour.

Should the funeral parlour not pay the remainder of the funds to me, I will not have a claim against Prosperity Life for the shortfall, as the arrangement for the payment is between me and my agent (the Funeral Parlour).

Relationship to the deceased: _____

Signed at _____ on this _____ day of _____ 20_____

Signature/ Thumb Print of Original Beneficiary

I. CHANGE OF BENEFICIARY

If the claimant is not the main member or the nominated beneficiary, the following authorisation must be completed.

PARTICULARS OF THE APPOINTED BENEFICIARY

Initials & Surname _____
ID Number _____ Relationship/Institution _____
Address _____ Code _____
Tel No _____ Contact Person _____

PARTICULARS OF BANK ACCOUNT OF THE APPOINTED BENEFICIARY

Surname and Initial of Account _____
ID number of Account Holder _____
Name of Bank/ Nearest Post Office _____
Branch Name _____
Branch Code (6 digits) _____
Account Number _____ Account _____

J. CONSENT: SHARING OF INFORMATION AND DECLARATOIN BY CLAIMANT

Prosperity Life, the insurer, may:

- Perform a search on the applicant's/beneficiary's/claimant's records with one or more of the registered Credit Bureaus/previous employers/Master of the Supreme Court or any other interested party, when assessing the applicant's/beneficiary's/claimant's application for the payment of an insurance claim;
- Use new information and data obtained from Credit Bureau/previous employer/Master of the Supreme Court or any other interested party, when assessing the applicant's/beneficiary's/claimant's application for the payment of an insurance claim.

I hereby grant my irrevocable consent to Prosperity Life to undertake the actions listed above either before/ during or after the termination of the agreement with Prosperity Life.

I, the applicant/beneficiary/claimant, hereby warrant that the above statements are true and complete to the best of my knowledge. I authorise any hospital, physician or other person who has attended to the deceased to provide the Insurance Company or its representatives with any and all information in respect of any sickness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. I have not withheld any information which could be material to the assessment of the claim.

I hereby claim the benefits payable to me by Prosperity Life as a result of the death of the assured name in Section F.

I, the undersigned, warrant that I am legally entitled to receive the proceeds in terms of the said plan.

Signed at _____ on this _____ day of _____ 20_____

Signature/Thumb Print of Beneficiary/Claimant (as in "I" above)

INSTRUCTIONS ON HOW TO COMPLETE THE DEATH CLAIM NOTIFICATION FORM

1. Complete the form in black ink and in block letters.
2. Submit the form to Prosperity Life at the fax number on the first page, together with the following supporting documents:-
 - a. A certified copy of the death certificate
 - b. A certified copy of the deceased's identity document
 - c. A certified copy of the main member's identity document
 - d. A certified copy of the ID of the beneficiary appointed in terms of the mandate.
 - e. Unnatural Death – require completed policy report
 - f. A copy of the last six premiums receipts
 - g. A copy of the BI-1663 form
 - h. A copy of the application form/ policy certificate
 - i. If payment is made directly into bank account of claimant, provide a copy of bank statement (not older than 3 months)

You will be notified should any additional documents be required.