

DETAILS OF THE SCHEME

Scheme Name		Scheme Code	
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DETAILS OF THE PRINCIPAL INSURED

Surname		Name	
ID Number		Policy Number	

DETAILS OF THE DECEASED

Surname		Name	
ID Number		Date of Birth	
Principal Member	Spouse	Common Law Spouse	Child
Student	Extended Family Member		
Entry Date	Date of Death	Cause of Death	Natural
			Unnatural
			Suicide

Indicate the Type of Claim and Claim Amount

Funeral	Credit Life	Benefit Amount	R
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DETAILS OF THE NOMINATED BENEFICIARY (as per application form)

Surname		Name	
ID Number		Contact Number	
Relationship to the Principal Member			

COMPLETE THIS SECTION IF THE NOMINATED BENEFICIARY AUTHORISES THE PAYMENT OF THE CLAIM TO A 3RD PARTY

I, the above nominated beneficiary, hereby appoint the 3rd party below as the new beneficiary to receive the full benefit due in respect of the claim lodged above. I also hereby indemnify African Unity Life against all/any claim by any party for any benefit or money, loss of damages incurred or suffered, in respect of, or caused by any representation made by me to African Unity Life and/or the payment by African Unity Life to the below mentioned beneficiary of any claim in respect of the claim lodged.

Surname		Name	
ID Number		Contact Number	
Relationship to the Principal Member			
Name of entity (e.g. Funeral Parlour)		Registration No	

Signature of nominated beneficiary giving the above authorisation to the new 3rd party

_____ (Signature)

BANKING DETAILS OF THE NOMINATED BENEFICIARY TO RECEIVE THE BENEFIT

Account Holder Name		Bank	
Please provide your correct Bank Account Number		Branch Code	
Type of Account	Cheque	Savings	Transmission
Other	Specify		

POLICY CONTINUATION / CANCELLATION OPTION (if applicable)

Note : If the claim is for the Principal Insured, the surviving spouse has the option to continue with the policy. Please indicate the option chosen

Continue with the Policy Yes No If "Yes" please confirm the name and surname of the spouse who will take over the policy

Surname		Name	
ID Number		Contact Number	

DOCUMENTS TO BE SUBMITTED TO African Unity Life

Documents	Principal Insured	Spouse	Common Law Spouse	Child	Student	Stillborn	Extended Family
<i>Claims for Funeral</i>							
<i>African Unity Claim Form</i>	X	X	X	X	X	X	X
<i>Certified copy of ID document : Deceased</i>	X	X	X	X	X		X
<i>Certified copy of death certificate</i>	X	X	X	X	X	X	X
<i>BI 1663 / BI 1680 / DHA 1663 / DHA 1680</i>	X	X	X	X	X	X	X
<i>Marriage Certificate</i>		X					
<i>Affidavit</i>			X				
<i>SAP Report / Accident Report (Unnatural Causes)</i>	X	X	X	X	X	X	X
<i>Birth / Baptism Certificate</i>				X	X		
<i>Beneficiary / Claimant ID document</i>	X						
<i>Proof of bank details / Bank statement of Beneficiary</i>	X	X	X	X	X	X	X
<i>Certified copy of Mother's ID document</i>						X	
<i>An unabridged death certificate issued by the Hospital (usually handwritten)</i>						X	
<i>Registration at tertiary institution stating full time student and dependent</i>					X		
<i>Doctors confirmation in the event of a mentally or physically disabled child</i>				X			
<i>Claims for Retrenchment</i>							
<i>Retrenchment letter from company on company letterhead</i>	X						
<i>UI19 Form</i>	X						
<i>Claims for Disability</i>							
<i>UI19 Form</i>	X						
<i>Doctors sick note (proof of days booked off)</i>	X						
<i>Claims for Credit Life</i>							
<i>Loan Statement from inception date</i>	X						
<i>Signed credit agreement</i>	X						
<i>Session Form</i>	X						